PRE-CONSULT QUESTIONNAIRE DOG

Section 1:

Aim of the questionnaire:

The main aim of this questionnaire is to provide us with preliminary information about your dog, prior to you visiting the clinic.

We will use this questionnaire to form the basis of the consultation. It will also allow us to tailor an appropriate weight management regime for your pet's circumstances.

If you are uncertain of the meaning of any particular question, don't worry: we can clarify this during your visit.

Also, if you would prefer not to answer any question, please feel free to leave it blank.

Your Surname : _____ Animal's Name:_____

Section 2:

About your dog

Breed : _____

Age : _____ years _____ months

Sex/status (e.g. Male/Neutered): _____

Please let us know of any illnesses your dog has suffered in the last twelve months.

Section 3:

Feeding and treating

How many meals (food put into the feeding bowl) does your dog have on a normal day?

(Please tick those relevant)

1 ☐   2 ☐   3 ☐   4 ☐   Other ☐   food left out all day ☐

What does your dog's diet consist of? (Please tick those relevant)

Mixer biscuits ☐
Pre-prepared moist Pet Foods (e.g canned/pouch) ☐
Pre-prepared Complete Dry Foods ☐
Home Prepared Food (e.g. fresh meat,fish) ☐
Table Scraps (e.g. meat, fish) ☐
Purchased Snacks and Treats ☐
Other (Please specify below)

_____

What brand/name of food do you feed your dog? (Please list all products used)

_____

How do you measure out your dog's food?

Estimate amount ☐
Measuring scoop/cup ☐
Weigh it ☐
Other (please specify below) ☐

What does your dog drink? (Please tick those relevant)

Water ☐   Milk ☐   Tea ☐   Other (Please specify below) ☐

_____

If you feed treats daily, how many servings within a typical day?
(please circle)

Purchased treats	1-2	3-4	5-6	>6
Table scraps / leftovers	1-2	3-4	5-6	>6
Human food used as treats	1-2	3-4	5-6	>6
Pet food used as treats	1-2	3-4	5-6	>6
Chews (raw hide ect.)	1-2	3-4	5-6	>6
Other (please specify below)	1-2	3-4	5-6	>6

Overall, how active is your dog? (circle appropriate)

Very inactive 0   1   2   3   4   5   6   7   8   9   10 Very active

Sleeps majority of the day. Rarely   Thoroughly enjoys exercise,
Playful when exercised   often inside or out

How often do you exercise your dog?

More than once per day ☐
One per day ☐
Some days ☐
Weekends only ☐
No exercise routine ☐
Other (please describe) ☐

_____

Where do you exercise your dog?
(tick all those relevant)
In the house/apartment, on one level ☐
In the house/apartment, on more than one level (i.e. using stairs) ☐
In a back yard ☐
In a garden ☐
Local pavement walks ☐
Local children's park/play area ☐
Country park ☐
Fields/Woodland ☐

On average, how long is your dog exercised for at each session?

10 minutes or less ☐
10-20 minutes ☐
20-60 minutes ☐
More than 1 hour ☐
Other (please describe) ☐

During exercise sessions, does your dog, (tick all those relevant)

Play with the walker ☐
Play with a ball/sticks/other toys ☐
Play with other dogs ☐
Go off the lead ☐
Walk on an extendable lead ☐

Section 5:

Environment

Where do you and your dog live?

In an apartment with a yard or garden ☐
In an apartment without yard or garden ☐
In a house with a yard ☐
In a house with a garden ☐
In a bungalow with a yard or garden ☐
In a bungalow without a yard or garden ☐

Where does the dog spend most of its time?

House ☐
Garden ☐
Shed ☐
Other ☐
(Please specify)

_____

Who cares for your dog?

_____

Where does your dog spend most of its time?

Weekday ?
_____

Weekend ?
_____

How many hours would your dog be left alone on an average day? (please tick)

0-2 ☐   2-5 ☐   6+ ☐

Thank you – please bring the completed questionnaire with you to your consultation.