

CANINE BEHAVIOUR QUESTIONNAIRE

Please return the completed form, together with a completed veterinary referral form if requested, to the address above, or email.

This form should be completed by the person who spends the most time with the dog. Please discuss your responses with the whole family and indicate any areas of disagreement between individuals. Please include as much information as possible, and if there is insufficient space for an answer, please continue in the any other information field at the end of the questionnaire. Thank you.

How to fill in this form.

Either open the file in Acrobat, complete the form. Before emailing, go to *File menu > Save As > PDF* and save the file. Email this file to leonie@londondogstraining.co.uk
Or print the file and complete by hand. Post completed form to Leonie St Clair, 15 Chesterfield Grove, London SE22 8RP

Pet's name

Your name

Breed of dog

Colour of dog

Age of dog

Date of birth of dog (if known)

Sex

Male

Female

Is your dog neutered?

Yes

No

If yes, at what age?

Date neutered

Reason for neutering

Any behavioural changes after neutering?

If not neutered, do you plan to breed this dog?

Yes

No

Has this dog ever been bred from?

Yes

No

If female, did she experience seasons before neutering?

Yes

No

Age of first season

Dates of season

How old was your dog when you first acquired it?

Has this dog had other owners?

Yes

No If so how many?

Why was this dog given up?

How long have you had this dog?

Where did you get this dog?

Stray/found

Rescue centre

Breed rescue service

Advertisement (not breeder)

Pet shop

Breeder

Other (please explain)

Why did you get this dog?

When was your dog last vaccinated?

**Is this dog:
(please tick all that apply)**

**Allowed to run free,
unsupervised**

Fenced/kennelled/run

Lead walked only

**Outside, not on lead but
supervised**

Indoors only

Outdoors only

**What percentage of the day
does your dog spend inside?**

**What percentage of the day
does your dog spend outside?**

**What kind of living
situation do you have?**

Apartment

Townhouse

House with small garden

House with large garden

Farm

**How many times is your dog
walked or let out each day?**

**How often is your dog fed
meals each day?**

**How often is your dog fed treats (eg dog
biscuits/chews) each day?**

**How often is your dog fed snacks from the
table each day?**

**What exactly is your dog fed (include
brand names)?**

**Does your dog have any
allergies?**

Yes

No If so what are they?

**Does your dog have any
pre-existing or current
medical problems?**

Yes

No If so what are they?

**Is your dog currently
taking any medication?**

Yes

No If so what are they?

**Do you have any other
pets besides this one?**

Yes

**No If so, are any of
them ill?**

**Has your household
changed since acquiring
this dog?**

Yes

No

If so, how?

Death of human in family

Death of pet in family

Divorce

Marriage

Baby born

Child moved

Pet added

Family moved

**Family schedule changed
(jobs etc)**

Other

Please list the people, including yourself, currently living in the household

Person	Sex	Age	Relationship	Present during day?
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Please list all the animals living in the household

Name	Breed	Sex	Age obtained	Age now
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Refer to the chart above and using numbers, label which pet was obtained first, second etc

Do you know how many puppies were in this dog's litter?	Yes	No	Number of males	Number of females	
Why did you choose this specific dog from the litter?					
Why did you choose this specific breed?					
Have you had this particular breed before?	Yes	No	Have you had pets before?	Yes	No
Have you had dogs before?	Yes	No			

Where does your dog sleep?	In or on your bed	On its own bed in your bedroom
	On its own bed in another room	On the floor next to your bed
	In another room, voluntarily, anywhere it wants	In another room because it is locked from your bedroom

How often do you play with toys or play games with the dog inside the house daily on average?

How long does each play bout last on average in minutes?

How often do you play with toys or play games with the dog outside the house daily on average?

How long does each play bout last, on average in minutes?

Describe in detail how you prepare to leave the house when the dog will be left alone. Do you ignore your pet, do you seek it out and say good bye, do you make a fuss over it etc?

What does your dog do as you prepare to leave?

What is your dog's obedience school history?

No school, trained yourself

Puppy school

Group lessons – basic

Group lessons – advanced

Private trainer at house

Private trainer – sent to trainer

Age when dog started training

Who took the dog to obedience school?

How did the dog do in obedience school?

Does the dog have any obedience awards?

What is your dog's obedience school history?

Sit	Perfect	Usually OK	Needs work
Stay	Perfect	Usually OK	Needs work
Down	Perfect	Usually OK	Needs work
Come	Perfect	Usually OK	Needs work
Wait	Perfect	Usually OK	Needs work
Heel	Perfect	Usually OK	Needs work
Fetch	Perfect	Usually OK	Needs work
Drop it	Perfect	Usually OK	Needs work
Other	Perfect	Usually OK	Needs work

Is there anything else you would like to tell us about your dog's training?

What is/are the behavioural problem(s) that you wish to address, and how much of a problem do you consider the behaviour to be? Please use the chart below.

Problem	Very serious	Serious	Not serious
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Why have you kept the dog despite its behaviour problem?

Are you concerned that you may have caused the problem?

Yes No

Do you feel guilty about this problem?

Yes

No Why?

Have you considered finding another home for this dog?

Yes

No

Have you considered euthanasia?

Yes

No

Did someone recommend euthanasia before your visit here?

Yes

No

BEHAVIOURAL HISTORY

Chief complaints

Problem 1

Problem 2

Problem 3

Problem 4

Precipitating reason for visit

If biting, total number of bites

Number of bites that broke skin

Number of bites reported and to whom (eg local authorities, RSPCA)

Was there legal action taken against the owner as a result of the bites? Yes No

PROBLEM 1 – Frequency of occurrence of the undesirable behaviour

Daily **Weekly** **Monthly**

PROBLEM 1 – Percentage of time that animal is in situation during which undesirable behaviour occurs

Less than 25% **25% – 50%** **51% – 75%** **76% – 100%**

PROBLEM 2 – Frequency of occurrence of the undesirable behaviour

Daily **Weekly** **Monthly**

PROBLEM 2 – Percentage of time that animal is in situation during which undesirable behaviour occurs

Less than 25% **25% – 50%** **51% – 75%** **76% – 100%**

PROBLEM 3 – Frequency of occurrence of the undesirable behaviour

Daily **Weekly** **Monthly**

PROBLEM 3 – Percentage of time that animal is in situation during which undesirable behaviour occurs

Less than 25% **25% – 50%** **51% – 75%** **76% – 100%**

PROBLEM 4 – Frequency of occurrence of the undesirable behaviour

Daily **Weekly** **Monthly**

PROBLEM 4 – Percentage of time that animal is in situation during which undesirable behaviour occurs

Less than 25% **25% – 50%** **51% – 75%** **76% – 100%**

Has the frequency or the intensity of the occurrence of the behaviour changed since the problem started?

Yes

No

If so, how and when?

Record a detailed description of events and how long ago each event occurred

Most recent event

Second most recent event

Third most recent event

Chronological development of the problem; other significant incidents

Duration of problem

Days

Months

Years

Corrections and or medical therapy to date, and outcome

Age of animal when first began showing signs of the problem

Client's impression

Practitioner's impression

Do you know if the parents engage in similar behaviours as the presented animal?

Yes

No

Don't know

If so, what behaviours are exhibited and by whom?

Do you know if any litter mates are engaging in similar behaviours as the presented animal?

Yes

No

Don't know

If so, what behaviours are exhibited and by whom?

Describe interactions between the pets in the household

How does the dog react to strangers?

How does the dog behave at the vet's and while being examined

Has the dog ever been in a boarding kennel?

Yes

No

If yes, how did the dog behave?

Has the dog ever been to a groomer?

Yes

No

If yes, how did the dog behave at the groomer?

Describe in detail 24 hours of a typical day in the pet's life starting with where the pet is when it wakes up in the morning.

**Any other
information**

Thank you for completing the Canine Behaviour Questionnaire. Please now either email the completed form or print and send it to Leonie St Clair.