

## 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 print the file and complete by hand.

Post completed form to Leonie St Clair,

15 Chesterfield Grove, London SE22 8RP

Or complete the form electronically and email

the file to leonie@londondogstraining.co.uk

|  |                      |                   |   |
|--|----------------------|-------------------|---|
| <b>Pet's name</b>                      | <input type="text"/> |                   |   |
| <b>Your name</b>                       | <input type="text"/> |                   |   |
| <b>Breed of dog</b>                    | <input type="text"/> |                   |   |
| <b>Colour of dog</b>                   | <input type="text"/> | <b>Age of dog</b> | <input type="text"/>  |
| <b>Date of birth of dog (if known)</b> | <input type="text"/> | <b>Sex</b>        | <input type="checkbox"/> Male <input type="checkbox"/> 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?**

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Stray/found                 | <input type="checkbox"/> Rescue centre          | <input type="checkbox"/> Breed rescue service |
| <input type="checkbox"/> Advertisement (not breeder) | <input type="checkbox"/> Pet shop               |   |
| <input type="checkbox"/> Breeder                     | <input type="checkbox"/> Other (please explain) | <input type="text"/>                          |

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? |
|--------|-----|-----|--------------|---------------------|
|        |     |     |              |                     |
|        |     |     |              |                     |
|        |     |     |              |                     |
|        |     |     |              |                     |
|        |     |     |              |                     |
|        |     |     |              |                     |

Please list all the animals living in the household

| Name | Breed | Sex | Age obtained | Age now |
|------|-------|-----|--------------|---------|
|      |       |     |              |         |
|      |       |     |              |         |
|      |       |     |              |         |
|      |       |     |              |         |
|      |       |     |              |         |

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?

|  |   |
|--|---|
| <input type="checkbox"/> In or on your bed                               | <input type="checkbox"/> On its own bed in your bedroom                         |
| <input type="checkbox"/> On its own bed in another room                  | <input type="checkbox"/> On the floor next to your bed                          |
| <input type="checkbox"/> In another room, voluntarily, anywhere it wants | <input type="checkbox"/> 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          |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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**

A large empty rectangular box with a thin black border, intended for providing additional 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.**