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CANINE Behaviour Consultation Questionnaire

In preparation of a behaviour consultation with Catherine Sutton BSc (Hons) PG Dip CABIC

Case Reference Number:

Veterinary Referral received: Y / N

Date of consultation: ___/___/___

BACKGROUND INFORMATION:

Owners Name:

Address:

Day Time Telephone Number:

Home Telephone Number:

Email Address:

Name of dog:

Breed/Type:

Age:

Sex: M / F

Is your dog neutered/ spayed? Y / N

Date of neutering/spaying:

Referring Veterinary Surgeon:

Address:

Telephone Number:

EARLY HISTORY:

1. How old was your dog when you obtained it?
2. Can you remember where he/she came from?
3. Was he/she rehomed from a rescue centre? If so, why was he/she rehomed?
4. Did you meet the parents of your dog? Yes / No

DIET:

5. What is your dog fed?
6. How many meals a day does he/she receive?
7. When do you feed him/her?
8. Do you give any supplements, e.g. Vitamins pills?
9. How would you describe your dog's interest in food (e.g. fussy, voracious)?
10. Do you give your dogs treats? If so, what?

EXERCISE:

11. What type of exercise does your dog have?
12. How many hours of exercise per day does he/she get? (including play such as fetch or Frisbee?)
13. Does he/she tend to be alone or with other dogs?
14. Do you keep him/her on a lead? Or does he/she run loose?
15. Does he/she enjoy their walks?
16. Is there any interaction/play with other dogs?

17. What is your dog's favourite toy?
18. What is your dog's favourite game with people?
19. Where do you keep your dog's toys? Does he/she have free access to them?

HOUSING:

20. Where does he/she sleep at night?
21. Where does he/she stay when you go out?
22. Is he/she left regularly? If so, for how long?
23. Are there any problems when you leave him/her? If so, what happens?
24. Do you leave any toys or other distractions?
25. Is there access to the garden?
26. When you are home, does he/she tend to follow you about the house?

TRAINING HISTORY:

27. Have you attended training classes with your dog? How old was your dog at the time?
28. How long did you attend for?
29. Where there any problems with the training?
30. Can you remember how you toilet trained your dog? Please describe.
31. Does he/she walk to heel?
32. Does he/she come when called?
33. Does he/she drop objects when asked?

34. What other commands does your dog know?

FAMILY MEMBERS:

35. How many people are there in your household? Are there any children? If so, how old are they?

36. Does everyone interact with the dog?

37. Do you have any other animals? (Type, age, sex)

MEDICAL HISTORY:

38. Does your dog have any current medical conditions, to your knowledge?

39. Do you know of any previous medical problems?

40. Is he/she on any current medication?

THE BEHAVIOURAL PROBLEM (S):

41. Please describe the problem(s) you are having with your dog in as much detail as possible (if necessary please use a separate sheet):

42. What happens immediately before your dog displays these behaviours? (Try to think both what you and your dog are doing when the problem occurs.)
43. What happens immediately after your dog displays these behaviours? (How do you react and what does the dog do?)
44. When did the problem begin?
45. When does the problem occur? Is it in any particular circumstance? e.g. time of day, in a certain environment
46. How frequently does the problem occur? Do you think it is becoming more frequent, less frequent or remaining about the same?
47. Is the problem behaviour more prevalent with certain people?
48. When was the last incident? Please describe
49. If your dog is an entire bitch, is the behaviour related to her season, or does it change during her season?
50. Do any related dogs (siblings) have similar problems?

51. Have you sought previous help in attempt to resolve this problem? If so, what have you tried in the past and was it effective?

52. Have you considered finding another home for your dog due to the behavioural problem(s)?

53. Have you considered euthanasia?

ADDITIONAL INFORMATION:

Does your dog have any other problems?

Is your dog **good**:

54. With children? Yes / Most of the time / Sometimes / No

55. With strangers? Yes / Most of the time / Sometimes / No

56. With family members? Yes / Most of the time / Sometimes / No

57. To groom or bath? Yes / Most of the time / Sometimes / No

58. When you feed them? Yes / Most of the time / Sometimes / No

59. With cats? Yes / Most of the time / Sometimes / No

60. With loud noises? Yes / Most of the time / Sometimes / No

61. When meeting other dogs? Yes / Most of the time / Sometimes / No

Would you **describe** your dog as:

62. A fussy eater? Yes / No

63. Aggressive in any situation? Yes / No

64. Aggressive to other dogs? Yes / No / Sometimes

65. Nervous of anything, such as strangers or loud noises? Yes / No / Sometimes

66. Bouncy and enthusiastic? Yes / No

67. Sociable? Yes / No

68. Confident? Yes / No

69. Is this your first dog (please do not include childhood pets)? If not, what breeds have you previously owned?

REHABILITATION

70. Realistically how much time do you feel able to commit to working with your dog to solve the behavioural problem(s)?

If there are any **further comments** you would like to make about your dog, please note them below:

For marketing purposes, where did you hear about Pets Behaving Badly?

Thank you for finding the time to fill in this questionnaire.

If you have any queries, please do not hesitate to contact me.

I look forward to meeting you and your dog.