



CLIENT QUESTIONNAIRE FOR BEHAVIOUR ASSESSMENT CONFIDENTIAL

Date:

Name:

Email address:

Owner Address:

Post Code:

Phone Home:

Mobile:

Dog's Name:

Breeds:

Dog's Age:

Dog's DoB:

Sex: Male/Female

Neutered/spayed: Yes / No

Age When Neutered (Approx.)

Describe any behavioural Change after this was done:

Referring Veterinary Surgeon (Please provide even if you have not seen your vet about your dog's behaviour):

Vet Practice Address:

Do you have Insurance? Yes / No

If so which Company?



1. Dog's Previous History

- a. Did you get your dog from a Breeder or Rescue – please state the name?
 - b. At what age did you get your dog?
 - c. Why did you choose this specific breed?
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2. Current Behaviour

- a. Are there any major health issues that you know about or medication your dog is currently taking?
- b. When did you last visit your Vet with any concerns regarding your dog?
- c. Would you describe your dog as?
 - i. Disobedient?
 - ii. Constantly demanding attention?
 - iii. Nervous of anything?
 - iv. Noisy?
 - v. Bouncy and enthusiastic?
 - vi. Playful
 - vii. Sociable?
- d. Does your dog have any toileting issues?



- e. Does your dog sometimes do any of the following?
- i. Tail chasing
 - ii. Staring
 - iii. Fly catching
 - iv. Other repetitive behavior
 - v. Attention seeking behaviour – please describe
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3. The main behavioural problem you are worried about?

- a. Describe the *first* incidence of the behaviour that you can recall?
- b. How have you or other people tried to treat this behavioural problem so far, if so, how?
- c. Has your dog been placed on medication for any behavioural problems previously?
- d. Has he/she had any laboratory tests?



4. What members of the Family are involved with the dog daily? Please list first name and sex, general age and relationship to you

a. How does your dog get along with all members of your household? If not, why not?

b. Do any of your family members have any learning and/or physical impairments?

5. Sleeping

a. Where does your dog sleep at night?

b. What is dog's favourite sleeping spot during the day?

7. Feeding

a. What food do you feed your dog?

c. How many times a day do you feed your dog?

d. Is there any aggression around food?



9. Play

- a. Does your dog enjoy play with you?

 - b. What is your dog's favourite toy?
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10. Handling

- a. Does your dog like to be handled?

 - b. If not what not and what areas are more problematic? E.g. feet, ears, getting dried after a walk
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11. Training

- a. Have you attended training classes with your dog?

 - b. Did you do lots of socialization as a puppy and if so where and how often?

 - c. Does he have basic commands and if so which ones?
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12. What would your desired outcome be?

I would love:

- a. How much time do you feel able to commit to working with your dog to solve these problems?

- b. How do you family and friends feel about the problem?

- c. What would you envisage happening if the behaviour problem persists?

Questionnaire completed by: _____

SIGNATURE: _____

DATE COMPLETED: _____