



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?
 - d. Do you know how many puppies were in the litter?
 - e. How many males and females in the litter?
 - f. Were they born inside the home? If not please describe the environment.
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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? I.E, do they toilet inside your home?

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
-

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?

- e. If your dog has bitten a person or a dog, please give some details about this event(s). Who? When? Where? Did anyone require treatment?

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. Have they always slept there or has there been a recent change?

- c. Has there been any change to their sleep patterns? (more or less)

- d. Please state their average daytime and nighttime sleep times.

DAY: AM/PM (Hrs)

NIGHT: (Hrs)



e. How many sleeping areas are available to your dog in your home?

7. Feeding

- a. What food do you feed your dog?
 - b. Please detail any other foods you have tried for your dog in the last 2 years.
 - c. How many times a day do you feed your dog?
 - d. Is there any aggression around food?
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8. Daily Routine

- a. What is your dog's typical day and give times you leave and arrive home?



b. What type of exercise does your dog do each day? Specify weekday and weekend and games you play

c. Is he/she home alone each day when you are at work? Please state if a dogwalker or home visits or another dog or friend calling

9. Play

a. Does your dog enjoy play with you?

b. What is your dog's favourite toy?

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
-

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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13. Health

Stools

- a. Please see attached poo chart and write below the consistency you regularly see from your dog? Can you please take a photo for the consultation
- b. How often do they go to the toilet each day and has this changed recently?
- c. Does your dog eat his own or another dog's poo?

Urine

- a. Please describe how often your dog wees each day on average.



- b. Has this frequency changed recently?

- c. Does your dog wee when visitors or strangers arrive at your home

Skin

- a. Does your dog have itchy skin? (please circle)
YES / NO

- b. Where do they scratch? Has your dog injured the area?

- c. Do they scratch themselves a lot, and if so, how often? E.g 2x daily

Weight

- a. Is it easy for you to maintain their weight? (please circle)
YES / NO

- b. Has your dog experienced significant weight change recently?

- c. If your dog has lost or gained weight, what have you considered? e.g discussing it with your vet, increasing or decreasing food.

- d. Describe your dog's relationship with food e.g do they scavenge a lot, are they always hungry, eating very quickly, eating the recommended amount on the packet, or more, or less.



DRINKING

- a. Have your dog’s drinking habits changed in any way recently? Are they drinking more or less?

SENSES

- a. Have there been any changes to your dog’s hearing, sight, or smell that you have observed recently?

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: _____










NUTRITIONAL AND CLINICAL ASSESSMENT



PURINA FECAL SCORING CHART

Fecal consistency is primarily a function of moisture in stool and can be used to identify changes in colon health and other problems. In a healthy dog or cat, stools ideally should be firm but not hard, pliable, segmented and easy to pick up (Score 2).

Score	Specimen	Characteristics
1		<ul style="list-style-type: none"> Very hard and dry Often expelled as individual pellets Requires much effort to expel from the body Leaves no surface residue when picked up
2		<ul style="list-style-type: none"> Firm, but not hard; pliable Segmented appearance Leaves little or no surface residue when picked up
3		<ul style="list-style-type: none"> Log shaped; moist surface Little or no visible segmentation Leaves surface residue, but holds form when picked up
4		<ul style="list-style-type: none"> Very moist and soggy Log shaped Leaves surface residue and loses form when picked up
5		<ul style="list-style-type: none"> Very moist, but has a distinct shape Present in piles rather than logs Leaves surface residue and loses form when picked up
6		<ul style="list-style-type: none"> Has texture, but no defined shape Present as piles or spots Leaves surface residue when picked up
7		<ul style="list-style-type: none"> Watery No texture Present in flat puddles



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