

CANINE BEHAVIOUR CONSULTATION QUESTIONNAIRE

General Information

Today's date:

Name:

Address:

City/Town:

Phone: Home:

Mobile/other :

FAX:

Email:

Pet Information

Pet's Name: Date of birth: OR Estimate age if unknown:

Weight: Sex: Male Female Neuter: Yes No at what age?

Any change after neutering? Yes No If yes, describe:

Breed or Description:

Color:

Early History

Age obtained: From where did you obtain this pet?

Breeder's Name or Shelter: (if applicable):

Describe previous home / homes (if known) including litter size, how raised, age weaned, other pets, family, household:

Describe how much interaction your dog had with people before it was obtained:

Describe how much interaction your dog had with other dogs before it was obtained:

Behaviour of parents or littermates (if known):

For what reason did you obtain this pet? (check all that apply): Companion for family ; Companion for other pet ; Protection; Work ; Agility; Breeding/show ; Other

Describe your dog's personality (check all that apply): Friendly Calm ; Confident ; Demanding attention; Noisy/vocal ; Quiet ; Excitable/Overactive ; Bold ; Unruly ; Confused: ; Stubborn ; Timid Fearful ; Aggressive ; Depressed ; Other

The Home Environment

List each family member living in the home (include age of children):

Name	Age	Occupation

Describe how your pet gets along with each family member including any problems:

List each pet in home	Species	Breed	Sex	Age

Describe how your pets get along with each other including any problems:

Activities

Describe the usual daily schedule for you and your dog:

Describe the type of exercise / play sessions you offer including how often, how long and with whom?

What is your dog's favourite game:

What toys and chews do you give and how often?

What is your dog's favourite?

Do you give your dog food filled toys? Yes No If yes, which ones and how often?

Describe chewing and exploration: Little or no interest Mostly directed to own toys and chews

Mild household damage Moderate damage Severe damage - If damage, describe when, how often, targets:

Diet and nutrition

Type of food and how when do you feed:

What is your dog's favourite food?

Describe your pet's appetite: Voracious Good Average Picky Poor Variable

Type of treats and when do you give treats?

What are your dog's favourite treats?

Describe your pet's interest / appetite for treats: Voracious Good Average Picky Poor Variable

List any food supplements or additives:

Resting, sleep, comfort areas

Where is your dog's preferred sleeping spot / daytime?

Where does the dog sleep at night?

Have you used a crate or pen to confine? Yes No Do you still use a crate or pen? Yes No

Dog's reaction to being crated or confined:

If you no longer use confinement, when and why did you stop?

Describe the crate and its location:

Reinforcer assessment

If you could give any type of treats what would be your dog's favourite reward? List top 5:

Other than food, what other rewards (e.g. toy, affection) would be most enticing to your dog?

Principle Complaint

The following questions are required to assess your pet's problem. It is not necessary to duplicate answers from previous sections or in future sections. Please consider bringing movie clips or pictures of the problem behaviours.

List all Problems that need to be addressed Begin with your primary complaint	Age problem began	Very Serious	Fairly Serious	Not Serious

Have you considered removing your pet from the home if the problem cannot be improved? Yes No

Comment:

For the primary problem(s) what age was your dog when the problem started?

Describe any changes in the home or the pet's health when the problem first started:

What do you think caused the problem?

Describe the problem, beginning with the most recent incident?

Describe the first incident and other pertinent incidents:

How often does the problem occur?

Has there been a recent change in frequency or severity? Yes No If yes, describe:

List each behavioural treatment you have tried, and the dog's response:

Date/when	Treatment	Dog's Response / Outcome
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Which approach has been most successful (if any):

List any techniques that have made the problem worse:

List any medications, supplements or remedies tried so far, and the dog's response (effects, side effects):

Date	Medication (when started, dose, frequency and duration)	Outcome (effects, side effects, is pet still receiving)

Training

Has this pet had obedience training, professional training or behavioural assistance? YES NO

IF YES, PLEASE CONTINUE. IF NO, SKIP TO NEXT SECTION, FAMILY TRAINING

Professional training

Has your dog had obedience training, professional training or professional behavioural assistance? Yes No

If yes, describe;

In which of the following did you participate? Puppy class; Juvenile / Adult Class ; Private instructor;

Trained myself; None Other If other, describe:

At what age was your dog first enrolled? If any additional classes, at what age?

Describe the classes including the school(s) or instructor(s) and type of training:

Describe the training. Reward based (praise) ; Reward based (food) ; Clicker training ; Lure training ; Assertive / dominance ; Aversive/corrections ; Other It other describe:

Describe any specialized training (obedience, conformation, agility, flyball, retrieving, coursing, protection etc.):

Have you used a trainer, veterinarian or behaviourist for the problem for which you are seeking help today? Yes No
If yes, please advise with whom you consulted, the recommendations and their efficacy:

Family training

If you trained your dog yourself or in addition to training with professional assistance, please describe:

Describe training? Check all that apply: Reward based (praise) ; Reward based (food) ; Clicker ; Lure training ; Assertive / dominance ; Aversive/corrections ; Other It other describe:

Are you familiar with clicker training? Yes No Have you used / tried clicker training? Yes No

If yes, describe results / success:

What books / DVD / TV shows have you seen and implemented:

What type of training has been most successful?

Did any training technique make problems worse?

Describe your dog's learning ability:

List family member(s) with most control:

List family member(s) with least control:

Describe any tricks your dog knows

Do you continue to train? Yes No If yes who trains, type of training and how often:

What type of collar does your dog wear for walks? for veterinary visits

Indicate which of the following training products you have used and the dog's response / efficacy

Product	Type / Brand	Response / Efficacy / Problems
Head halter		
Flat collar		
Choke collar		
Prong or pinch collar		
Remote trainer shock other		
Harness: front control back		
Manner's Minder Clicker		
Target train		
Other		

Please indicate how your dog responds to the following commands

Excellent = in all environments Good = except for major distractions Fair = does not listen if distractions n/a = not applicable

	Excellent	Good	Fair	Poor	Never	N/A	Comments
Sit (immediate)							
Sit-focus (watch) 1 minute							
Sit-focus (watch) 5 minute							
Down (immediate)							
Down/settle 1 minute							

Down/settle 5 minute							
Come (indoors) – leave it							
Come (in yard) – leave it							
Come (in park, public)							
Walk on loose leash							
Turn (let's go) / Back up							
Give / drop toy							
Give / drop stolen item							
Go to: bed , room crate/kennel mat							
Watch/ "look at me"							

Punishment / Discipline / Corrections (mark all answers that apply)

*****Please bring all training devices, collars, halters and harnesses you have for your dog to your appointment*****

	Never	Tried	Use often	Improves	Worsens	Comments/describe
Verbal (e.g. no, stop)						
Physical (hit, rub nose)						
Muzzle grasp						
Lift / pin / roll over						
Shake can / chain						
Noise ultrasonic / alarm						
Water / Air / Citronella						
Booby traps / repellents						
Time-out						
Shock collar						
Citronella collar						
Anti-bark collar						
Containment collar						

Has any punishment made the problem worse or led to threats / aggression? Yes No If yes, describe:

Has any punishment been effective? Yes No If yes, describe:

Does your dog respond differently to different family members? Yes No If yes, describe:

Handling - If you have used any of the following handling, how does your dog respond?

	Not tried	Enjoys	Accepts	Accepts reluctantly	Resists	Threats / aggressive	Comments
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			willingly				
Nail trimming							
Ear / eye clean							
Brushing							
Bathing							
Brush Teeth							
Rub belly							
Pat head							
Hug / kiss							
Lifting							
Grab collar							
Give medication							
Removing food, treat or toy							

Reactivity – Indicate how your dog reacts to each of the following:

	Cal m	Friendl y	Excite d	Ambival ent	Confuse d	Fearf ul	Aggressiv e
Familiar dogs							
Unfamiliar dogs							
Squirrels, prey							
Cats							
Children							
Familiar people							
Visitors at door							
Strangers off property							
Strangers in home							
Cars / trucks / planes							
Bikes / skateboards							

Describe any of the above problems in more detail

Fear of noises or storms? Yes No If yes, describe noises and dog's reaction:

Car ride anxiety Yes No If yes, describe:

Fear of locations / situations? Yes No If yes, describe:

Other anxiety / timidity / fear (non-aggressive): e.g. ears back, cowers, tail tucked, shakes, retreats, hides, lip lick etc.
If yes, describe if not previously discussed:

How long after exposure to these events is finished, does your dog settle down (i.e. back to normal)?

Housetraining Screen

Where is your dog's primary location for elimination?

On average, how many times a day does your dog urinate?

On average, how many times a day does your dog defecate?

Is your dog completely housetrained? Yes No

Does your dog have a housesoiling problem? YES NO

IF YES PLEASE CONTINUE. IF NO SKIP THE NEXT SECTION, DEPARTURE SCREENING

Does your dog soil in the home with urine ; stools ; both

Does your dog eliminate outdoors? Yes No If Yes, what is *your dog's* favoured location?

What is *your* preferred location for your dog to eliminate?

Do you accompany your dog outside for elimination? Yes No

Does your dog eliminate in desired locations while you are watching? Yes No If yes, what do you do when you see your dog eliminate in the *correct* location?

Does your dog signal when it needs to eliminate? Yes No If yes, describe:

About how often does your dog housesoil?

When is the dog most likely to housesoil?

Does your dog soil? Yes No. If yes, describe locations?

Does your dog housesoil when family members are at home? Yes No If yes, describe:

Does your dog housesoil while you are watching? Yes No If yes, what do you do?

What is your dog's response?

What do you do when you find urine or stool that has been passed in the *incorrect* location?

What is your dog's response?

Does your dog urine mark (lift leg / small amounts) outdoors? Yes No If yes, describe:

Does your dog urine mark indoors? Yes No If yes, describe:

Do you confine your dog to a crate, room or pen? Yes No

If yes, does your dog eliminate in the crate, room or pen? Yes No If yes, describe:

Does your dog leak urine or lose control? Yes No If yes, describe when and where:

Has there been a change in drinking when or since the problem began? Yes No If yes, check all that apply:

More frequent / more interest Larger amount Less frequent / less interest Smaller amount

When the housesoiling began, was there a change in urination? Yes No If yes, check all that apply:

Less often Lesser amount More often Greater amount Straining / discomfort

Have you noticed any change in the urine e.g. odour, colour, blood, etc. Yes No If yes, describe:

When the housesoiling began was there a change in defecation (stools)? Yes No If yes, check all that apply:

Less often More often Larger volume (amount) Less volume (amount) Straining

Have you noticed any change in the stools e.g. odour, colour, blood, mucous, consistency Yes No If yes, describe:

Departure Behaviour Screening

When you go out is your dog confined or crated? Yes No If yes, indicate if crated or what areas are restricted:

At what times of day and for how long is your dog typically left alone on the average day?

During the average week, what is the longest time you would need to leave your dog alone?

Are there any problems that arise during longer departures compared to shorter departures? Yes No If yes, describe:

How does your dog react when you prepare to leave?

Has your dog ever been left at a kennel? ; veterinary office? ; with a friend/relative? ; Other

If yes, describe your dog's reaction:

Is the dog ever alone outdoors? Yes No How often? How long (average)?

Where is the dog left when outdoors?

How does your dog react to being left alone outdoors?

Does your dog exhibit any behaviour problems when you leave your dog alone? YES NO

IF YES PLEASE CONTINUE. IF NO PLEASE PROCEED TO AGGRESSION SCREEN BELOW

Please make every effort to collect movie clips of dogs behaviour when alone and bring to visit.

Describe what your dog does when left alone at home:

How soon after you depart does the problem begin?

How long does the problem last?

How does your dog react at the time of departure (as the last person prepares to leave)?

Does the dog act differently depending on who departs? Yes No If yes, describe how the dog reacts differently with each family member:

What is the dog's reaction at homecomings?

Does your dog react differently at homecoming to different family members? Yes No If yes, describe:

How does your dog react when left alone in the car?

What is the longest that you have left your dog in the car without problems arising?

Are there any places, times or situations in which you leave your dog alone and the problems do not arise or are less intense? Yes No If yes, describe when and where?

What techniques have you used so far to try and improve the problem?

Technique	Dog's response

**Aggression Screen - Has your pet ever displayed any of the following?
Threat displays Yes No; Growling Yes No; Bite attempts Yes No; Bites Yes No**

IF YOUR PET DISPLAYS NO AGGRESSION PLEASE PROCEED TO MISCELLANEOUS BELOW

What is the potential for injury? none minimal moderate severe

Is aggression the primary reason for today's visit? Yes No

Describe aggression: Threat / no bite Snap / no contact Bite – release Bite / no release or multiple bites

If necessary, could you predict and avoid or prevent all situations in which aggression might arise? Yes No

Is the problem serious enough that you will be unable to keep your pet if it is not improved? Yes No

What is your pet's response to each of the following – check all that apply:

Circumstance	None	Growl / Threat	Snap / no contact	Bite	Multiple Bites	Who is the target?
FAMILIAR PERSON						
Stares at dog						
Reaches for / bends over dog						
Petting dog						
Hugging / kissing						
Lifting dog						
Pins / rolls over						
Putting on / taking off leash / collar						
Gives verbal cue e.g. sit in normal tone						
Using verbal discipline e.g. stop, no						
Grabs collar						
Physical e.g. hit, leash correction						
In response to movement / noise / yells						
Interrupts threat or bite to person / dog						
Approach / hug / touch family member						
UNFAMILIAR PERSON (STRANGER)						
Stranger approaches						
Stranger stares at dog						
Stranger reaches / bends over dog						
Stranger pets dog						
Coming into home / onto property						
Stranger puts on or takes off leash/collar						
Stranger speaks in normal tone						
Stranger verbal discipline - says no						
Physical - pin, roll, hit, leash correction						
Stranger movement, activity, noise						
Leaving room / yard						
Approach / hug / touch family member						
HANDLING AND GROOMING						
Familiar person bathes, grooms or towels						
Familiar person treats ears / eyes						
Familiar person trims nails						
Unfamiliar person bathes, or grooms						
Unfamiliar person treats ears / eyes						
Unfamiliar person trims nails						
Behaviour during veterinary exam						
Approach dog when with family member						
Approach dog on its mat, bed, rest spot						
Approach when resting on furniture						
OTHER ANIMALS						

Familiar dogs / other pets in home						
Familiar dogs / pets off property						
Unfamiliar dogs / animals						
TREATS / TOYS						
Approach eating food, treats, chew toys						
Approaches when playing with toys						

BITE HISTORY

Date	Situation (what happened) Start with most recent	Who is bitten - name, person, animal	Relationship (familiar, stranger)	Did bite break skin? Y N
				Y N
				Y N
				Y N
				Y N
				Y N

How many times has your dog bitten?

List your dog's primary targets (people / animals) for aggression:

Has any bite caused sufficient injury to require medical attention? Yes No If yes, describe:

How would you describe the problem? Getting worse ; Staying about the same ; Getting Better ;
When your dog threatens or attempts to bite, how do you handle the situation and what is your dog's reaction?

After your dog has bitten how do you handle the situation and what is your dog's reaction?

Describe any technique that seems to improve the problem:

Describe any technique that seems to aggravate the problem:

How would you describe your dog's attitude when aggressive? bold ; protective ; possessive ; outgoing ; fearful ; confused ; chase other If other, describe:

Describe your dog's expressions and postures when aggressive:

Does your dog seem 'guilty' or 'sorry' after aggression Yes No If yes, describe:

Are there children or people with mental or physical challenges at risk for aggression? Yes No If yes, describe:

Miscellaneous:

Describe your pet's response to the following. If undesirable, please comment

	None	Occurs but no concern	Occurs, would like to improve	Reason for visit today	Comments/describe
Vocalize bark / whine / howl					
Jumps up – owner / stranger					
Pulls on leash					
Won't come when called					
Nips / grabs with mouth					
Only listens when feels like it					
Pushy / demanding					
In rooms / on furniture not allowed					
Follows / clingy					
Stool Eating					
Chases					
Hunting / predation					
Garbage Raiding					
Food stealing					
Destructive chewing					
Night waking					
Digging					
Eats non-food items					
Tail chasing / spinning					
Licks Objects					
Excessive grooming					
Staring					
Star gazing					
Fly chasing					
Light chasing					
Masturbation					
Mounting					
Roaming / running away					

Please provide further details if your pet is exhibiting any of the above (if not fully discussed):