

Dog Behaviour Questionnaire



Basic Background

Owner's Details

Name

Address

Email address

Telephone number

Dog's Details

Name of dog

Breed

Dog's age

Age obtained

Sex and status?

If neutered, at what age?

Any behavioral change

after neutering?

Source?

(e.g breeder, rescue)

Vaccination status



Household

Please list the people, including yourself, currently living in the household.

For each person write their first name, gender, age and relationship to you and how much time they spend with the dog.

What other animals do you own? Please provide species, breed, gender, and status of neutering.

Do any of these animals have medical or behavioural problems?

How does your dog get along with all members (persons and animals) of your household?

Have the members of your household (persons and animals) changed since you acquired this dog?

Is this the first dog you have owned, including from your childhood?

If no, what other breeds of dogs have you previously owned?



Early History

How old was the dog when you obtained him or her?

Why did you choose this specific puppy?

What was the main reason for obtaining a dog?

Where there any other previous owners? If so, what was the reason for re homing?

In what condition did the breeder keep the puppies?

Did you meet the parents of the puppy? If yes, what were they like?

How many other littermates were there and what were they like?

Did the parents or siblings have any medical or behavioral issues?



Diet

What type of food do you give your dog? e.g. self made wet dry food raw)

Where and how often and at what time is your dog fed?

Who feeds the dog is it always you or also other members of the household?

Does your dog enjoy his/her food?

How much does your dog drink a day?

Has there been any change in drinking or eating and or toileting patterns?

Do you give your dog any supplements, if so, which ones?

Do you feed your dog bones and other treats, if so, how often?

Is there any resource guarding around food?

Do you consider your dog at the right weight?



Daily Activities

Can you describe a typical day for your dog?

How many times a day and for how long do you walk your dog?

Who walks the dog?

Does your dog enjoy his/her walks?

What type of collar, lead and harness do you use?

How does your dog interact with other dogs during walks?

Does your dog have a favourite toy and if so what is it? Where

do you keep the toys of your dog?

Does your dog have free access to these toys?

How often and how long do you play with your dog daily? What

type of games do you play?

Who starts the play?

Do you walk your dog on or off lead or both? Please explain.



Housing

Can you provide the floorplan of your house? **(Please click an option)**

Could you indicate to which spaces your dog has free access?

Where does your dog sleep at night?

Does your dog wake up during the night?

Can your dog stay alone? And if so for what amount of time?

How does your dog react when you are preparing to leave the house?

When you are at the house does your dog follow you around?

Where does your dog go when you are going on holiday?



Training History

Have you done any training with your dog in the past and for how long?

What type of training have you done with your dog and how old (months) was your dog at the time?

Did any problems occur during the training?

How did you toilet train your dog?

Does your dog learn quickly?

What commands does your dog know?

What is your dog's favourite reward?

With whom does your dog best behave?

How do you correct your dog when he/she misbehaves?



Handling

Does your dog enjoy being petted including paws and ears? **(Please click an option)**

Can you easily pick up your dog? **(Please click an option)**

Does your dog enjoy being bathed by everyone? **(Please click an option)**

Can you easily clip his/her nails? **(Please click an option)**

Medical History

Veterinarian practice's name?

If required, are you happy for us to contact your vet directly? **(Please click an option)**

Did your dog have any medical problems in the past? **(Please click an option)**

Does your dog have any current medical problems? **(Please click an option)**

Is she/he on any current medication? **(Please click an option)**

When was her/his last medical check up?

Did your dog have any laboratory tests?



Current Behavioural Problem(s)

Can you please describe in a sequence of importance your dog s current behaviour problems?

How old was your dog when the problem started?

When does the problem behaviour occur?

Where does the problem behaviour occur?
(Outdoors, Indoors, please mention specific location for both outdoors and indoors if applicable)

With whom does the problem behaviour occur?

How often does the behaviour occur?

Is your dog always good with all household members at the vet when you feed her/him?

Would you describe your dog as a:
scavenger, food stealer, possessive, restless, or exploratory?

Does your dog have toilet accidents?

Does your dog eat her/his or other animal s stools?

Does your dog frequently lick or bite her/himself?

Does your dog ever show mounting behaviour?



Current Behavioural Problem(s)

How does your dog react in the following situations;

Familiar dogs/people/children on the property?

Familiar dogs/people/children outside the property?

New dogs/people/children on the property?

New dogs/people/children off the property?Thunder/

Thunder/fireworks

Other loud noises

Small animals

Livestock

Crowded areas

Moving vehicles like prams, bikes, cars, skateboards

Car rides



Other Behavioural Problem(s)

Please describe any other behaviour problems your dog may have.

How much of an issue do you see each of these problems as?

Estimate how often these problems occur?

Is she/he good all the time?

Would you describe our dog as: a food stealer or rubbish raider?

Nervous of anything? Possessive? Restless? Exploratory?

Does your dog sometimes toilet in an inappropriate place?

Does your dog frequently eat stools of her/himself or other animals?

Does your dog lick or chew him/herself more than you would expect?

Rehabilitation



What would your desired outcome be?

How much time would you be able to commit to working with your dog to resolve the problem daily?

How do the other members of your household feel about the problem?

If the problem is not resolved, which steps would you undertake then?

Thank you for completing the form.
Please save and return the form to email address
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