

# Canine Behaviour Questionnaire

Date: / /2010

Please include as much information as possible. The more detail available, the more accurate our assessment of the case can be. Please use additional sheets where necessary.

<b>Owner</b>		<b>Home Phone</b>	
		<b>Mobile</b>	
		<b>Work</b>	

Have you owned a dog before?                                     Yes  No  
 Have you owned this breed of dog before?                     Yes  No  
 Have you owned other pets previously?                         Yes  No

Please list other current household pets:

Type and Breed	Name	Age	Neutered or Entire	Relationship with dog (e.g. Plays, avoids, fights)

Please list the names, ages and occupations of other family members who live at home:

Name	Age	Occupation

## **Patient Details**

<b>Name</b>		<b>Sex</b>	
<b>Breed</b>		<b>Colour</b>	
<b>Age</b>		<b>Weight</b>	

Date first acquired: \_\_\_\_\_  
 Age when obtained: \_\_\_\_\_  
 Date first acquired: \_\_\_\_\_                                    Source: \_\_\_\_\_  
 Reason for obtaining this pet: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the dog ever been used for breeding?  Yes  No

If yes, at what age? \_\_\_\_\_

How would you describe your dogs personality? \_\_\_\_\_

• **The Current problem**

1. What is the current problem you are having with your pet? \_\_\_\_\_

2. When did it begin? \_\_\_\_\_

3. How long has it been present? \_\_\_\_\_

4. How old was the pet when it began? \_\_\_\_\_

5. Where does the problem occur? \_\_\_\_\_

6. With whom? \_\_\_\_\_

7. How often? \_\_\_\_\_

• **Aggression**

Please answer the questions below if the problem is Aggression.

1. Describe the most recent incident and the setting it occurred in (please try to be very precise, as if you were drawing a picture):

-Where was the pet? \_\_\_\_\_

-Where was everyone in relation to the pet? \_\_\_\_\_

-What was everyone doing before the incident? \_\_\_\_\_

-What did the pet do? \_\_\_\_\_

-What was the pet's body posture? Describe the position of ears, tail, face, hair on back, or draw a picture if necessary.

2. What was your reaction to the behaviour? \_\_\_\_\_

3. How did the pet react to your reaction? \_\_\_\_\_

4. Was there any punishment? \_\_\_\_\_

5. If there was a bite wound was it a puncture wound or a tear? \_\_\_\_\_

6. Going back in time, describe 3 most recent incidents of the behaviour. Please use additional pages if needed.

7. How frequently dose the problem occur? [ ]times per day, [ ]times per week [ ] times per month [ ]times per year

8. When does the problems occur?

-When left alone? [ ]always [ ]usually [ ]rarely [ ]never

-When family members are present? [ ]always [ ]usually [ ]rarely [ ]never

9. What has been done to correct the problem? \_\_\_\_\_

10. Over time is the problem getting: [ ]better [ ]worse [ ]no change?

11. Do you suspect any cause? \_\_\_\_\_

• **Medical History**

1. Please give a brief medical history, especially recurrent problems and treatment. Use an extra sheet if necessary. \_\_\_\_\_

2. Vaccination status \_\_\_\_\_

3. Date last wormed \_\_\_\_\_

4. Is your dog currently on any regular medications such as allergy or arthritis medication, heartworm treatment, herbal or homeopathic remedies? \_\_\_\_\_

Drug/ Remedy	Dose

5. Has your dog been on medication for his/her behaviour in the past? If Yes, please list name and dosage of medications, including herbals and homeopathics.

Drug/ Remedy	Dose

6. Is your dog on any medication for his/her behaviour now? If Yes, please list name and dosage of medications, including herbals and homeopathics.

Drug/ Remedy	Dose

• **Early History**

- Please give details of the dog's early life, if known, including litter size, age of weaning, age when obtained, whether raised outside or indoors, of orphan or stray, whether hand-reared, etc. \_\_\_\_\_
- How much interaction did the puppy have with people in the first year of its life? \_\_\_\_\_
- What method of house training was used? \_\_\_\_\_
- How did you react to any mistakes during house training? \_\_\_\_\_
- Did your puppy attend puppy 'parties' or classes? If so, please give details \_\_\_\_\_

• **Training and obedience**

- Has your dog ever attended Training Classes? [ ]Yes [ ]No  
If yes, please give details when where, age of pet, and who took it to the class \_\_\_\_\_
- What types of training techniques were used in the class? \_\_\_\_\_
- How well did you dog do in the class? [ ] Very Well [ ] Average [ ] Poor [ ] Was asked to leave.
- Dog you think your dog is Good, Average or Poor at learning? [ ]Good [ ]Average [ ]Poor
- What tasks will the dog reliably perform for you on command? [ ]Sit [ ]Stay [ ]Down [ ]Fetch [ ]Other \_\_\_\_\_
- Does your dog do 'tricks' such as shake or rollover? \_\_\_\_\_
- Does your dog pull when on the lead? [ ]Yes [ ]No
- Is your dog more obedient in some places than in others? [ ]Yes [ ]No  
If Yes, please give details. \_\_\_\_\_
- Is your dog more obedient with some people that with others? [ ]Yes [ ]No  
If Yes, please give details. \_\_\_\_\_
- How do you correct your dog when he/she misbehaves? \_\_\_\_\_

• **Daily Activities**

**Diet and Feeding**

- What types of food (including brands) do you give your dog?
- How much does he/she eat a day?
- When and where is the dog fed?
- Who feeds the dog?
- Is the dog protective around food? (stiffening, growling, snapping or biting?) [ ]Yes [ ]No

If yes, please give details. \_\_\_\_\_  
 Is his/her appetite good or poor? \_\_\_\_\_  
 Does your dog eat quickly or slowly? \_\_\_\_\_  
 What are his/her favourite foods? \_\_\_\_\_  
 Do you have to be present for him/her to eat? [ ]Yes [ ]No  
 How much does your dog drink each day? \_\_\_\_\_  
 Do you add supplements or tidbits to the diet? [ ]Yes [ ]No  
 If yes, why? \_\_\_\_\_

**Sleeping and Waking**

1. Where does your dog sleep? \_\_\_\_\_  
 2. If your pet sleeps on the bed who invites it up? \_\_\_\_\_  
 3. When does the dog get up in the morning? \_\_\_\_\_  
 4. Does your pet ever wake you at night? [ ]Yes [ ]No  
 If Yes, how often and why? \_\_\_\_\_

**Going outside**

5. When does your dog go outside and for how long? \_\_\_\_\_  
 6. How does your dog ask to go outside? \_\_\_\_\_  
 7. Does it roam free in a garden or yard? \_\_\_\_\_  
 8. What type of fencing is used to restrain the dog? \_\_\_\_\_  
 9. Is your dog keen to explore when on its own? \_\_\_\_\_

**Toileting**

10. Where does your dog tend to go to the toilet? \_\_\_\_\_  
 11. Does your dog spot mark with small amounts of urine? [ ]Yes [ ]No  
 If so, where? \_\_\_\_\_  
 12. How often does it empty its bladder in a day? \_\_\_\_\_  
 13. How frequently does it empty its bowels? \_\_\_\_\_

**Exercise**

14. What sort of exercise does your dog receive and how much? (eg. Walking on/off lead, agility training)

Type	Purpose	Amount	Frequency

**Play / Training**

15. Is there any specific time devoted to play and/or training on a daily basis? [ ]Yes [ ]No  
 16. Does your dog play games with your or other family members? [ ]Yes [ ]No  
 Please give details \_\_\_\_\_  
 17. Who initiates play: People or the pet? \_\_\_\_\_  
 18. What types of toys does your dog play with? \_\_\_\_\_

**Home Alone**

19. Where does the dog stay during the day when no one is home? \_\_\_\_\_  
 20. What does it do as you prepare to depart? \_\_\_\_\_  
 21. Does your dog ever bark or whine when you leave? [ ]Yes [ ]No  
 22. Does your dog ever [ ]Vocalise [ ]inappropriately toilet [ ]engage in destructive behaviour while you are gone?

23. Typically, how long is your dog alone without people on any given day? \_\_\_\_\_

**Family Routine**

24. What does it do during family meals? \_\_\_\_\_

25. Has there been a change in your household routine such as now work hours, new baby, moving, new house members, visitors, boarding or diet change? [ ]Yes [ ]No

Please give details \_\_\_\_\_

**Favourite Things**

Please list five things your dog enjoys most, these may be foods, toys or activities.

1	
2	
3	
4	
5	

• **Interaction with Family Members**

**The home environment**

1. What type of home do you have (eg, flat apartment house) \_\_\_\_\_

2. What areas of the house does your dog have access to? \_\_\_\_\_

1. Is there aggression in the following circumstances? This can include growling snarling, showing teeth, lunging, nipping, snapping or biting. Please fill in the chart: Y= Yes, N=No, N/A = doesn't apply. If biting has occurred in any of these circumstances, please describe the wound, such as tear, puncture or bruising.

	Adult Owner Male	Adult Owner Female	Children	Any other individual
Handling/grooming				
Petting or hugging				
Disturbed when resting				
Disciplining				
Walking on the lead				
Taking food away				
Taking other objects				

• **Interaction with others**

**Reaction to visitors**

1. How does your pet behave when visitors come to the house (eg. Barking, door charging)? \_\_\_\_\_

2. Is the behaviour different towards familiar and unfamiliar people? \_\_\_\_\_

3. Is the behaviour different towards people outside the house and people inside the house? \_\_\_\_\_

4. Does your pet display aggression (growing, snarling, snapping or biting) to visitors to your home? \_\_\_\_\_

5. Has your dog ever bitten or attacked anyone? \_\_\_\_\_

6. Please fill in details of any visitors to the home.

Individual (eg friend, tradesperson, postie)	Purpose	Time and days (eg Frequent, occasional, rare visitors)	Dogs reaction

**Reactions to other people**

7. Please describe your dog's reaction to each of the following:

Familiar men		
Familiar women		
Familiar children		
Unknown men		
Unknown women		
Unknown children		
Familiar dogs		
Unknown dogs		
Other animals		
Crowds busy areas		

**Reactions to other animals**

8. What is the reaction to other dogs when out at exercise?

On a lead \_\_\_\_\_

Free exercise \_\_\_\_\_

9. What is the reaction to other animals? \_\_\_\_\_

**Other behaviours**

1. Does your pet ever show inappropriate mounting or other sexual activity? Yes[ ] No[ ]

If Yes, to whom or what? \_\_\_\_\_

2. Is your pet ever protective over parts of his/her body (especially ears and feet)? Yes[ ] No[ ]

If Yes, which regions? \_\_\_\_\_

3. Does your pet lick or chew on themselves more than you would expect? Yes[ ] No[ ]

**House soiling**

If the current problem is house soiling, does it take place:

When you are not present? Yes[ ] No[ ]

When someone is home? Yes[ ] No[ ]

**Destruction**

If the current problem is destruction, does it take place:

When you are not present? Yes[ ] No[ ]

When you are at home? Yes[ ] No[ ]

**Other problems**

What other behaviours does your pet engage in that are objectionable to you? \_\_\_\_\_

**You and your pet**

1. How would you describe your relationship with this pet?

Adult owners (female) \_\_\_\_\_

Adult owners (male) \_\_\_\_\_

Children \_\_\_\_\_

2. What are your feelings about the pet's present behaviour?

Adult owners (female) \_\_\_\_\_

Adult owners (male) \_\_\_\_\_

Children \_\_\_\_\_

3. Under what circumstances would you consider euthanasia? \_\_\_\_\_

\_\_\_\_\_

4. What is your expectation for change? \_\_\_\_\_

\_\_\_\_\_

5. Is there anything else you would like to add about your pet and its behaviour?  
Please give any other information you think is relevant to this case \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Questionnaire completed by (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date / /2010