**Canine Behaviour Questionnaire**

Giving as much detail as you can, to the following questions prior to the consultation allows us to use to maximise the appointment time to provide the most suitable and beneficial support possible.

Please be as accurate as possible and if necessary, expand answers separately.

Please return this questionnaire to Debbie Bryon

Email: contact@positivepetbehaviour.co.uk

Post: Debbie Bryon

 6 The Orchards

 Hucclecote

 Gloucester

 Gloucestershire

 GL3 3RL

*Please note: All information given will be treated as confidential and will not be released to other parties without your consent.*

 Date questionnaire completed:

Client Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   |  |  |  |  |
| Client name(s):Address: Postcode:  |   |   |   |  |
| Telephone number: E-mail address:  |   |   |   |   |

Pet Information

Pet name:

Breed or breed-type:

Sex (male or female):

Neutered (yes or no):

Age neutered:

Dogs current age:

Age of dog when obtained:

Date when dog obtained:

Please describe your dogs’ personality:

Have you owned a pet before: If yes, which species/breed:

Early History

Where did you get your dog from?

Number of previous owners, if known:

Please describe previous environments, i.e. family home, outdoor kennel, farm, children, other pets, hand-reared:

If from a rescue organisation, how long was he/she there?

What were the reasons for re-homing?

Why did you choose this individual or breed?

Health Status

Does your dog have *current* or *previous* health problems?

If yes, please list:

Is your dog currently on any veterinary medication?

If yes, please give details:

Is your dog given any self-prescribed medication, herbal remedies or food supplements?

If yes, please list:

Present Household

Please list human household members, detailing age and involvement with the dog concerned

|  |  |  |
| --- | --- | --- |
| Name  | Age  | Involvement with Dog  |
|   |   |    |
|   |   |    |
|   |   |   |
|  |  |  |

Who else is involved with the care of your dog, e.g. walkers, groomers, boarding facilities?

|  |  |
| --- | --- |
| Name  | Involvement with Dog  |
|   |   |
|   |   |
|   |   |
|  |  |

Please list all other pets within the household

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name  | Species/Breed  | Age  | Male/Female  | Neutered (Y/N)  | Date Joined Household  |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|  |  |  |  |  |  |

Please describe the relationship(s) between household pets:

Daily Routine Information

How long is your dog typically left alone on a weekday / weekend?

Does he/she settle when left alone?

Do they tend to follow any particular person around the house?

Do they like to be touched/groomed by owners/groomers/examined by owner/veterinary surgeon?

Please describe a typical 24 hr period for your dog:

Diet Information

What type and brand of food is your dog fed?

How many times a day is he/she fed and at what times?

Do you include supplements (please describe)?

Does changing his/her food affect behaviour? Please describe.

Is your dog reactive in any way around food?

Exercise, Play and Other Information

Please give details of normal daily exercise:

What equipment is used (i.e. collar/body harness/lead/extending lead/head collar/muzzle)?

Does your dog go off-lead on walks? Yes No

If not, what are the reasons for this?

Training Information

Have you and your dog attended training classes or seen other behaviourists?

Please give details

How old was he/she at the time? How long did you attend for?

Please list any training and the methods used.

Does your dog know any other cues or training exercises?

Behaviour Causing Concern

Please describe the behaviour causing you concern and how and when the problem behaviour began, with as much detail as possible in chronological order.

Please give time of day, place, people/other animals present, injuries sustained etc.

Please give frequency of problem behaviour, what you have tired in attempt to cure the problem and what the results have been. If there is more than one behavioural problem, please specify in the order of concern you place them in:

 When does the behaviour occur? When did the behaviour first occur?

Please describe the first incident:

Has the frequency or severity of this behaviour increased since this incident?

Please describe the last incident:

What action would be considered if the behaviour continued?

**Rehabilitation**

Please realistically describe your expectations of behaviour therapy:

How much time can each household member dedicate to addressing the issue?

 ***Thank you for taking the time to fill in this questionnaire, I shall look forward to meeting you, as many of the family as possible and your dog in the consultation.***

**I only work via referral from your veterinary surgeon, please provide the details of your current veterinary care provider.**

**Veterinary Practice Name:**

**Email Address/Point of Contact**

**Veterinary Practice Address:**

**Name of your Veterinary Surgeon:**

**Please confirm that you are happy for me to contact your veterinary care provider for a behavioural referral.**

**Yes [ ] No [ ]**