Donovan
Veterinary Behaviour
Practice

Canine Training Questionnaire

Client Details

Client Name:

Address:

Email:

Phone:

Please list the names, ages and occupations of each member of the household:

Name	Age	Gender	Occupation	Relationship with dog in question

Patient Details

Dog Name:

Breed: Age (D.O.B): Weight (kg):

Sex: Neuter Status:

Age obtained: Date obtained:

Source (obtained from): Reason for obtaining:

Has he/she ever been used for breeding?

How would you describe your dog's personality?

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Have you owned dogs previously?

Have you owned other pets previously?

Please list any current household pets:

Name	Type/Breed	Age	Sex (neuter status)	Relationship with dog in question

Medical history

Please give a brief description of your dog's medical history:

Which vet practice is your dog registered with?

Is your dog on any regular medication?

Has your dog ever been on medication for his/her behaviour? If so, please describe the drug, dose and date(s):

Early history

Please describe, if known, what your dog's early environment was like, including; litter size, early experiences, dam and sire personalities, if reared indoors/outdoors, early interactions with people, etc.,:

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What is your dog fed? How much and how often?

Where does your dog sleep?

What is your dog's daily routine (including; sleeping, resting, playing, eating, exercising, home alone, etc.)?

How is your dog when left alone?

What is your dog's usual reaction to;

- Visitors?

- Strangers outside?

- Other animals?

What are your dog's favourite things/things to do?

Training

Is your dog house-trained? If so, how did you teach house-training?

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Is your dog crate-trained? If so, how did you teach crate-training?

Have you attempted any training methods so far? If so, what methods have been used?

Did or does your dog attend any training or socialisation classes? If so, please describe the training methods used:

What training issues do you want to work on?

How well do you think your dog learns?

What outcome would you like to achieve from training?

Does your dog display any unwanted behaviours? Please describe and mention if you recognise any triggers for this behaviour.

Has any form of punishment been used?

How does your dog's behaviour make you feel?

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Realistically, how many hours do you feel you spend directly with your dog per week, for example, during play, training, exercising, relaxing together, quality time together?

Have you considered rehoming your dog?

How did you hear about us at DVBP?

This form is to be completed by the owner or someone with full permission to provide information and authorities.

- ▢ I am the owner
- ▢ I have the required permission

Our experienced clinical animal behaviourists work with our in-house veterinary behaviourists on each of their cases. If deemed necessary, this case may be discussed with our in-house internal medicine specialist.

- ▢ I have read and understood

Permission to use information

- ▢ I consent to photographs and videos of my animal being used in printed and online publicity and promotional materials. What am I consenting to? (www.donovanvetbehaviour.com/promotions/)
- ▢ I consent to student/trainee involvement and the use of consultation information, recordings, photographs and videos for training, education and research purposes. What am I consenting to? (www.donovanvetbehaviour.com/consent/)

Do you agree to the Terms and Conditions? (www.donovanvetbehaviour.com/terms-conditions/)

- ▢ I have read and agree to the Terms and Conditions

Thank you for taking the time to complete this form.

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Send the completed form and attach any additional information such as reports, floorplans, etc. to: info@donovanvetbehaviour.com Images and videos can be sent via WhatsApp (07877319545).

Please add info@donovanvetbehaviour.com to your safe senders list or check your spam/junk folder in case our response is filtered there in error.

On receipt of your questionnaire, we will contact you regarding payment and any additional information required.

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