



## Canine Behavioural Questionnaire

### Client Details

Client Name:

Address:

Email:

Phone:

Please list the names, ages and occupations of other members of the household:

Name	Age	Gender	Occupation	Relationship with dog in question

### Patient Details

Dog Name:

Breed:

Age (D.O.B):

Weight (kg):

Gender:

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?

Have you owned dogs previously?

Have you owned other pets previously?



## Canine Behavioural Questionnaire

Please list any current household pets:

Name	Type/Breed	Age	Gender (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?

Vaccination status:

Date of last worming:

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.,:

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

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



## Canine Behavioural Questionnaire

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

How well do you think your dog learns?

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?

What is the current problem?

When was the first incident? Please describe it in detail:



## Canine Behavioural Questionnaire

How old was your dog at the first incident?

How often does it occur/how long has it been occurring?

Please describe two more occasions and what you think may have been happening at the time:

1.

2.

What do you think the triggers are for these behavioural issues? Why do you think your dog displays this behaviour?

Have there been previous attempts to rectify the situation? If so, what methods have been used?

Has any form of punishment been used?

Does your dog display any other unwanted behaviours?

How does your dog's behaviour make you feel?

What outcome would you ideally achieve from a referral behavioural consultation?

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?

Has euthanasia been considered for your dog?



## Canine Behavioural Questionnaire

Do you agree to the [Terms and Conditions](https://donovanvetbehaviour.com/terms-conditions/)? (<https://donovanvetbehaviour.com/terms-conditions/>)

I have read and agree to the Terms and Conditions

Thank you for taking the time to complete this form. Please send it and any relevant information to: [info@donovanvetbehaviour.com](mailto:info@donovanvetbehaviour.com)

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

**Please note that all consultations are on the basis that a veterinary referral is obtained, access to veterinary records are given and a copy of the vet report will be sent to your vet upon completion. This form should be completed by the owner or someone with full permission to provide information and authorities.**



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BEHAVIOUR COUNSELLORS

