



Please complete this questionnaire and return at least 48 hours before your appointment.

1. Owner Details

Title: Surname:

First name:

Address:

Phone number(s)

Email:

Please list names, ages and occupations of all family members who live in the house with your dog:

Who is your regular Veterinarian? What practice are they based at?

2. Pet Details

Pet's name:

Date of birth/age:

Breed:

Sex: Male Female

Desexed: Yes No

If yes, at what age?

Why was your dog desexed?

How old was your dog when you acquired/adopted him/her?

Where did you get him/her from? Friend Breeder Pet Shop Rescue Centre

Other (if other please indicate)

Has your dog had any other owners? Yes No If yes how many?

Why was your dog relinquished by previous owners? (if known)

How did your dog settle when it first arrived?

Why did you acquire/adopt the dog?

Companionship Protection Breeding Show

Other (if other please indicate)

Do you have any other pets? Yes No

If yes please list all pets including breed/age/sex and their relationship to your dog
(e.g. avoid/play/aggression):

How would you describe your dog's personality?

Please select any of the words you feel help describe your dog:

Happy Anxious Stressed Aggressive Disobedient Playful
Attention Seeking Destructive

3. Medical history:

Has your dog ever had any medical problems? Yes No

If yes please describe:

Date of last vaccination:

Date of last worming:

Please list all medications (name and dose) your pet is currently on – please include flea/worm/natural products:

Has your dog ever been on any medications for their behaviour? Yes No

If yes please list medication(s) and indicate if they helped the problem:

4. Daily Routine:

Where does your dog live? Indoors Outdoors

How many times a day is your dog let outside?

How often does your dog go for a walk?

How long for?

Does your dog have time off the lead? Yes No

If no, why not?

What do you feed your dog? (brand if relevant)

How many times a day is your dog fed?

Is your dog fed treats? Yes No

If yes what kind of treats do they enjoy?

Does your dog enjoy playing? Yes No

If yes what kind of games do they enjoy?

5. Training/Obedience

Has your dog attended training classes (including puppy school)? Yes No

If yes – please detail what they entailed:

How did you dog do in the classes? Well Average Below Average

What commands does your dog know and respond to?

What do you use to walk your dog? Head Collar Halter Choke Chain Collar

Would you describe your pet as obedient? Yes No

If no, what behaviours do they show that are not obedient?

How do you correct your dog when they misbehave?

How do they react to this?

6. Behaviour Problem

Please describe your pet's behaviour problem (use a separate page if needed)

How long ago did it first occur?

Describe the first incident

Was there an initiating factor?

Under what circumstances does it occur?

The problem is Getting Worse Improving Staying the same

How have you tried to stop the behaviour? Please indicate if these actions helped.

Please select any of the following other problem behaviours you feel your dog shows:

Escaping Destruction Barking Aggression Digging Grooming

Sexual Eating non-food items Eating faeces Whining Unruly

Hyperactive Pulls on leash House-soiling Disturbing you at night

Attention-seeking Other

If other, please describe

Please list situations that would be likely to induce aggression in your dog (if relevant)

What do you hope to achieve from the behaviour sessions?

How much time do you feel you can commit to your dog's behaviour problem?

What would you envisage happening if the behaviour problem persists?

Thank you for completing the questionnaire and I look forward to meeting you and your dog very soon!