



Dog Behaviour Questionnaire

Please complete and return to me at the address below, to arrive before the date of the appointment.

BACKGROUND INFORMATION

Your name:

Address:

.....

Day time Tel. No:

Home Tel No:

Email Address:

Name of Dog:

Breed / Type:..... Age: Sex:

Is your pet neutered?

If so, when was this done?

Were there any behaviour changes after neutering?

Referring Veterinary Surgeon:

Address:

.....

Tel:



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Companion Animal Behaviourist
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EARLY HISTORY

- How old was your dog when you obtained him/her?
- Where did you obtain your dog from (e.g. breeder, rescue)?.....
- If applicable, did the breeder have the puppies in the house or in a kennel?
- Did you meet his/her parents?
- Was he/she rehomed or from a rescue centre?.....
- If so, why was he/she rehomed?

DIET

- What do you feed your dog (including brand)?.....
- How many times a day is he/she fed?.....
- When do you feed him/her?
- Do you give any supplements, e.g. vitamin pills?.....
- Does he/she enjoy food or is he/she finicky?
- Do you give any tit-bits? If so what?

EXERCISE

- What type of exercise does your dog have?.....
- How much exercise does he/she have per day?.....
- Does he/she tend to be exercised alone or with other dogs?
- Do you keep your dog on a lead, or allow him/her to run loose?
- Does he/she enjoy their walks?
- Is there any interaction/play with other dogs?
- How does your dog behave around other dogs?.....
- What is your dog's favourite toy?
- What is your dog's favourite game with people?
- How often do you play with your dog?
- Where do you keep your dog's toys?
- Does your dog have free access to his/her toys?.....



HOUSING

- Where does your pet sleep at night?
- Where does he/she stay when you go out?
- Is he/she left regularly? If so, for how long?
- Are there any problems when you leave him/her? If so, what happens?
- Do you leave him/her with any toys or other distractions?
- Will he/she eat when you are out?
- Is there access to the garden?
- When you are at home, does your dog tend to follow you around the house?

TRAINING HISTORY

- Have you attended training classes with your dog? If so, how old was your dog at the time?
- How long did you attend for?
- Were there any problems with the training?
- How much socialisation did he/she receive as a puppy? Please describe.

- Can you remember how you toilet trained your dog? Please describe.

- Does he/she walk to heel?
- Does he/she come when called?
- Does he/she drop objects when asked?
- What other commands does your dog know?



FAMILY MEMBERS

- How many people are there in your household?
- Are there any children? If so, how old are they?
- Does everybody interact with the dog?
- Do you have any other animals? (Type, age, sex)

MEDICAL HISTORY

- Does your dog have any current medical problems to your knowledge?
- Do you know of any previous medical problems?
- Is he/she on any current medication?

THE BEHAVIOUR PROBLEM(S)

Describe the problems you are having with your dog in as much detail as possible

(Please use a separate sheet if necessary):

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What happens immediately before your dog displays these behaviours?

Try to think both what you and your dog are doing when the problem occurs.

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What happens immediately **after**? Again, think about what you do, and what the dog does.

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.....

When did the problem begin? Can you remember the first time it happened?

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When does the problem occur? Is it in any particular circumstances?

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.....

How frequently, on average, does this problem occur?

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Do you think it is becoming more frequent, less frequent, or staying about the same?

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.....

Where does it occur? Is it, for example, always in the same place?

.....
.....

Who is usually present at the time?

.....

When was the last incident, and can you describe this?

.....
.....

If your dog is an entire bitch, is this behaviour related to her season, or does it change during her season?

.....
.....

Do any related dogs have similar problems?

Do any dogs in contact with him/her have similar problems?



OTHER PROBLEMS

Does your dog have any other problems?

For example, is he/she good:-

- With children?
- With strangers?
- With family members?
- To groom or bath?
- When you feed them?
- With cats?
- With loud noises?
- When meeting other dogs?.....

Would you describe your dog as:

- A fussy eater?
- Aggressive in any situation?
- Aggressive to other dogs?
- Nervous of anything, such as strangers or loud noises?.....
- Bouncy and enthusiastic?
- Sociable?
- Confident?

Does your dog enjoy being groomed?

What kind of brush do you use?

Are there any other problems with your dog?

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Do you need to sedate him/her when you go to the vet, or for clipping nails?

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Is this your first dog (not including childhood pets)?

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If not, what breeds of dog have you owned previously?

.....

Please describe a typical day for your dog.

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REHABILITATION

How much time to you feel able to commit to working with your dog to solve these problems?

.....

.....

What would you envisage happening if the behaviour problem persists?

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Thank you for taking the time to fill in this questionnaire.

Please return forms by email to info@thecatanddogcompany.com, to arrive at least 5 days before the date of the consultation, along with a non-refundable deposit of £30.

Cheques should be made payable to Michelle Creasy.

If you have any queries, please do not hesitate to contact me.

I look forward to meeting you and your dog.



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