



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?

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Who is usually present at the time?

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

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.....

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

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.....

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?

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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?

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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.

