



T: 07780 333174

E: debbie@positivepetbehaviour.co.uk

www.positivepetbehaviour.co.uk

   @PositivePetBehaviour

Canine Behaviour Questionnaire

By giving as much detail as you to the following questions prior to the consultation allows us to use to maximise the appointment time to provide the most suitable and beneficial support possible.

Please be as accurate as possible and if necessary, expand answers separately.

Please return this questionnaire to Debbie Anslow

Email: debbie@positivepetbehaviour.co.uk

Post: Debbie Anslow
15 Simmonds Road
Hucclecote
Gloucester
Gloucestershire
GL3 3HY

Please note: All information given will be treated as confidential and will not be released to other parties without your consent.

Date questionnaire completed:

Client Information

Client name(s):

Address:

Postcode:

Telephone number:

E-mail address:





T: 07780 333174

E: debbie@positivepetbehaviour.co.uk

www.positivepetbehaviour.co.uk

   @PositivePetBehaviour

Pet Information

Pet name:

Breed or breed-type:

Sex (male or female):

Neutered (yes or no):

Age neutered:

Dogs current age:

Age of dog when obtained:

Date when dog obtained:

Please describe your dogs' temperament:

Have you owned a dog before:

If yes, which breed:





T: 07780 333174

E: debbie@positivepetbehaviour.co.uk

www.positivepetbehaviour.co.uk

   @PositivePetBehaviour

Early History

Where did you get your dog from?

Number of previous owners, if known:

Please describe previous environments, i.e. family home, outdoor kennel, farm, children, other pets, hand-reared:

If from a rescue organisation, how long was he/she there?

What were the reasons for re-homing?

Why did you choose this individual or breed?

Health Status

Does your dog have *current* or *previous* health problems?

If yes, please list:

Is your dog currently on any veterinary medication?

If yes, please give details:

Is your dog given medication, herbal remedies or food supplements?

If yes, please list:

Has your dog ever been bred from?

If yes, please provide details:



Present Household

Please list human household members, detailing age and involvement with the dog concerned

Name	Age	Involvement with Dog

Who else is involved with the care of your dog, e.g. walkers, groomers, boarding facilities?

Name	Involvement with Dog

Please list all other pets within the household

Name	Species/Breed	Age	Male/Female	Neutered (Y/N)	Date Joined Household

Please describe the relationship(s) between household pets:



T: 07780 333174

E: debbie@positivepetbehaviour.co.uk

www.positivepetbehaviour.co.uk

   @PositivePetBehaviour

Daily Routine Information

How long is your dog typically left alone on a weekday / weekend?

Does he/she settle when left alone?

Where in the household does he/she stay when left alone?

Where does he/she sleep at night?

Does he/she ever wake you at night?

Does he/she have access to toys (please detail)?

Is there access to a garden & at what times?

Where does your dog tend to go to the toilet?

Does he/she spot-mark with small amounts of urine?

Does he/she tend to follow any particular person around the house?

Does he/she like to be touched/groomed by owners/groomers/examined by owner/veterinary surgeon?

Please describe a typical 24 hr period for your dog:





T: 07780 333174

E: debbie@positivepetbehaviour.co.uk

www.positivepetbehaviour.co.uk

   @PositivePetBehaviour

Diet Information

What type and brand of food is your dog fed?

What type or brand of treats are given and how often?

How many times a day is he/she fed and at what times?

Do you include supplements (please describe)?

Where is your dog fed?

Who feeds your dog?

Does changing his/her food affect behaviour?

Is your dog reactive in any way around food?



APBC
ASSOCIATION OF PET
BEHAVIOUR COUNSELLORS



Exercise, Play and Other Information

Please give details of normal daily exercise:

On or off lead:

Length of exercise (minutes):

How often in one day:

What equipment is used (i.e. collar/body harness/lead/extending lead/head collar/muzzle)?

Does your dog go off-lead on walks?

If not, what are the reasons for this?

How often do you play with your dog? What games do you play? For how long do you play?

Who initiates play - people or your dog?

Does he/she interact with other dogs?

How does your dog cope with car travel?



T: 07780 333174

E: debbie@positivepetbehaviour.co.uk

www.positivepetbehaviour.co.uk

   @PositivePetBehaviour

Training Information

Have you and your dog attended training classes or seen other behaviourists?

Please give details

How old was he/she at the time?

How long did you attend for?

What overall training methods have been used?

What training equipment has been used?

Do you recall training problems?

Does your dog:

- Come when called?
- Drop objects when asked?
- Pull on the lead?
- Walk to heel?

What cues or commands does he/she know?



APBC
ASSOCIATION OF PET
BEHAVIOUR COUNSELLORS





T: 07780 333174

E: debbie@positivepetbehaviour.co.uk

www.positivepetbehaviour.co.uk

   @PositivePetBehaviour

Behaviour Causing Concern

Please describe the behaviour causing you concern and how and when the problem behaviour began, with as much detail as possible in chronological order.

Please give time of day, place, people/other animals present, injuries sustained etc.

Please give frequency of problem behaviour, what you have tried in attempt to cure the problem and what the results have been. If there is more than one behavioural problem, please specify in the order of concern you place them in:

When does this behaviour occur?

Is the behaviour directed at a particular individual?

Who is usually present at the time?

What happens immediately before these behaviours are displayed?

Please describe how you or others react, or have reacted, to the behaviour:

When did this behaviour first occur?

Please describe the first incident:



APBC
ASSOCIATION OF PET
BEHAVIOUR COUNSELLORS





T: 07780 333174

E: debbie@positivepetbehaviour.co.uk

www.positivepetbehaviour.co.uk

   @PositivePetBehaviour

Behaviour Causing Concern Cont...

Are you aware of related pets having behavioural or medical problems?

Do other pets he/she has contact with display similar behaviours?

Please describe previous methods used to resolve this issue:

What action would be considered if the behaviour continued?

(Unneutered female dogs) Please indicate date of last season, if known:

(Unneutered female dogs) Does the behaviour alter around the season period?

Does your dog ever display aggression? Please describe:

How does your dog react to visitors, children and strangers?

How does your dog react to unfamiliar dogs?

How does your dog react to being in unfamiliar environments?



APBC
ASSOCIATION OF PET
BEHAVIOUR COUNSELLORS





T: 07780 333174

E: debbie@positivepetbehaviour.co.uk

www.positivepetbehaviour.co.uk

   @PositivePetBehaviour

Behaviour Causing Concern Cont...

Please describe scenarios which cause your dog anxiety, i.e. vet visits, traffic, grooming, loud noises, being reprimanded:

Rehabilitation

Please realistically describe your expectations of behaviour therapy:

How much time can each household member dedicate to addressing the issue?

Thank you for taking the time to fill in this questionnaire, I shall look forward to meeting you, as many of the family as possible and your dog in the consultation.



APBC
ASSOCIATION OF PET
BEHAVIOUR COUNSELLORS



RCVS
SETTING
VETERINARY
STANDARDS

ABTC
ANIMAL BEHAVIOUR
& TRAINING COUNCIL





T: 07780 333174

E: debbie@positivepetbehaviour.co.uk

www.positivepetbehaviour.co.uk

   @PositivePetBehaviour

I only work via referral from your veterinary surgeon, please provide the details of your current veterinary care provider.

Veterinary Practice Name:

Email Address/Point of Contact

Veterinary Practice Address:

Name of your Veterinary Surgeon:

Please confirm that you are happy for me to contact your veterinary care provider for a behavioural referral?

Yes [] No []

