



BEHAVIOR QUESTIONNAIRE - DOGS

Please complete this questionnaire and return it, if possible, before your consultation. Otherwise please bring it with you at the time of your consultation.

Name Tel no.

Address
.....
..... Zip code

Name and address of your vet
.....

Date last seen by vet? Date of last Rabies vaccination?
.....

Dog Name	Age		
Breed/Type	Sex	Male/Female	Neutered?

How old was your dog when you first got it?

Where did you get the dog?

Has your dog had other owners? Yes No

If neutered, at what age? Reason for neutering.....

Any previous or current medical problems/illnesses? Yes No

If yes, please explain?

.....Is your pet
currently taking any medications? Yes No

Name of drug(s)?

.....Does your pet
have any allergies? Yes No

Please specify

What exactly is your dog fed (include brand names and amounts please)?

.....

How often is your pet fed meals each day? 1 2 3 4

Who feeds? Where fed?

How often is your pet fed treats per day? Type of treats?

Where does your pet sleep?

Number of adults in household?Children/ages?

Please list all other animals in household (name, breed/type, sex, age).

.....

.....
What percentage of the day does your pet spend inside?Outside?

Is your pet left alone during the day? Yes No If yes, how long?.....

How many times is your pet walked or let out per day?

If walked, what is the average length of time for each walk (in minutes)?.....

Number of times groomed per week By whom?

What is your dog's favorite toy?

What is your dog's favorite game?

How often do you play with toys or games with your pet daily (on average)?

0 1 2 3 4 5 >5

How long does each play bout last, on average (in minutes)?

What is dog's response to visitors to house?

To people outside?

To other dogs? On lead?Off lead?

What is your dog's obedience school history?

- | | |
|-------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> No school – trained yourself | <input type="checkbox"/> Group lessons – advanced |
| <input type="checkbox"/> Puppy classes | <input type="checkbox"/> Private trainer at house |
| <input type="checkbox"/> Group lessons – basic | <input type="checkbox"/> Private trainer – sent to trainer |

Age when dog started lessons/training

What commands does the dog know and how well? (Perfect (P)/OK/Needs work(NW))

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Sit | <input type="checkbox"/> Wait |
| <input type="checkbox"/> Stay | <input type="checkbox"/> Heel |
| <input type="checkbox"/> Down | <input type="checkbox"/> Come |

How do you correct/discipline the dog?

How does the dog react?

Has the dog ever bitten anyone? Yes No

If yes, what were the circumstances?

Describe in detail, how you prepare to leave the house when your dog will be left alone. Do you ignore the dog, do you seek it out and say goodbye, do you make a fuss over it, etc.?

.....
.....
.....

What does your dog do as you prepare to leave?

.....

Is your dog worried or nervous about anything in particular?

.....

Please briefly describe the problem(s) including when it first began, where it usually happens and how often.

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.....
.....

Is the problem getting worse? Yes No

If yes, how and when?

.....

What corrections and/or medical therapy has been tried to date? What was the outcome?

.....
.....
.....

Anything else you may consider to be relevant (unusual behavior or habits, other problems, etc.)

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Thank you for your time and co-operation

Debbie Revell

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