

# BEHAVIOUR QUESTIONNAIRE

## General Information



Owner's name:

Phone number:

Email address:

Address line 1:

Address line 2:

Post Code

Dog's name:

Breed:

Gender neuter status:

Age when neutered:

Age:

Date of birth:

Travel?

Vaccination history:

Flea and tick prevention:

Does your dog have any physical problems that your vet has noted?

Is your dog currently on any medication for any medical problem?

Diet:

## General Information

Do you have other pets in the household and do they have any behaviour problems:

Pet 1:

Pet 2:

Pet 3:

Pet 4:

Pet 5:

Pet 6:

Do you have other people living in the household and what are their relationships with the dog:

Person 1:

Person 2:

Person 3:

Person 4:

Person 5:

Person 6:

## Origin Information

Age when acquired:

From where:

How many previous owners:

Have you met the parents:

How many puppies were in the litter?

How were puppies/individual kept?

Are any litter mates affected with any medical problems?

Why did you choose this specific puppy?

Are you in touch with owner's of littermates?

## Activity Information

Exercise:

How many training sessions/day:

How many walks/day:

How many play sessions/day:

What is your dog doing in between these activities:

How is your dog kept when you leave him/her alone:

How many hours per day (daytime) does your dog spend alone:

How many hours per day (daytime) does your dog spend in a crate:

Where does your pet sleep?

# Training Information

What is your dog's foundation training history?

What is your dog's sports training history?

How would/does your dog do with the following: (record percentage success expected)

	At home	On a walk	In a new place	At competition (not in the ring)	At training in the ring	At competition in the ring	Other struggle situation
Sit							
Down							
Nose target							
Loose-lead walking							
Contacts							
Weaves							
Toy play as reward							
Taking food as reward							
Other							
Other							
Other							

What tricks/cued behaviour does your dog know?

Which of these get them excited and which of them are calming?

## Separation information

What do you do in preparing to leave the house?

What does each dog do in response to this?

Does the dog in question do any of the following when left alone?

<input type="checkbox"/>	Destructive behaviour	<input type="checkbox"/>	Pacing
<input type="checkbox"/>	Toileting	<input type="checkbox"/>	Panting
<input type="checkbox"/>	Vocalising	<input type="checkbox"/>	Eating
<input type="checkbox"/>	Salivating	<input type="checkbox"/>	Drinking

Do any of your dogs do any of the following when left alone?

<input type="checkbox"/>	Salivate	<input type="checkbox"/>	Bark/growl
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Lunge
<input type="checkbox"/>	Hide/Escape	<input type="checkbox"/>	Yawn
<input type="checkbox"/>	Destroy	<input type="checkbox"/>	Chase
<input type="checkbox"/>	Freeze	<input type="checkbox"/>	Tremble/Shake
<input type="checkbox"/>	Pant	<input type="checkbox"/>	Seek out people
<input type="checkbox"/>	Pace	<input type="checkbox"/>	Eating
<input type="checkbox"/>	Refuse food/treats	<input type="checkbox"/>	Drinking

# Noise Response Information

In response to any of the following loud noises:

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Thunder   | <input type="checkbox"/> Vehicles   |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other domestic noises (e.g. washing machine, dishwasher, etc.) |
| <input type="checkbox"/> Gunshots  |   |

Does your dog do any of the following behaviours:

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Salivate    | <input type="checkbox"/> Refuse treats     |
| <input type="checkbox"/> Toilet      | <input type="checkbox"/> Bark/growl        |
| <input type="checkbox"/> Hide/Escape | <input type="checkbox"/> Lunge             |
| <input type="checkbox"/> Destroy     | <input type="checkbox"/> Yawn              |
| <input type="checkbox"/> Freeze      | <input type="checkbox"/> Chase             |
| <input type="checkbox"/> Pant        | <input type="checkbox"/> Snap/bite/aggress |
| <input type="checkbox"/> Pace        | <input type="checkbox"/> Tremble/Shake     |
| <input type="checkbox"/> Refuse food | <input type="checkbox"/> Seek out people   |

How often do the noises occur?

- |                                |                                 |                                  |
|--------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly |
|--------------------------------|---------------------------------|----------------------------------|

Do any of your other pets have behavioural responses to noises?

# Dog-Human Struggle Information

In response to adults or children, does your dog do any of the following behaviours:

<input type="checkbox"/>	Salivate	<input type="checkbox"/>	Bark/growl
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Lunge
<input type="checkbox"/>	Hide/Escape	<input type="checkbox"/>	Yawn
<input type="checkbox"/>	Destroy	<input type="checkbox"/>	Chase
<input type="checkbox"/>	Freeze	<input type="checkbox"/>	Snap/bite/aggress
<input type="checkbox"/>	Pant	<input type="checkbox"/>	Tremble/Shake
<input type="checkbox"/>	Pace	<input type="checkbox"/>	Seek out people
<input type="checkbox"/>	Refuse food/treats		

What specifically triggers this response?

How often does your dog encounter them?

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
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Do any of your other pets have behavioural responses to people?

## Dog-Dog Struggle Information

In response to adult dogs or puppies, does your dog do any of the following behaviours:

<input type="checkbox"/> Salivate	<input type="checkbox"/> Bark/growl
<input type="checkbox"/> Toilet	<input type="checkbox"/> Lunge
<input type="checkbox"/> Hide/Escape	<input type="checkbox"/> Yawn
<input type="checkbox"/> Destroy	<input type="checkbox"/> Chase
<input type="checkbox"/> Freeze	<input type="checkbox"/> Snap/bite/aggress
<input type="checkbox"/> Pant	<input type="checkbox"/> Tremble/Shake
<input type="checkbox"/> Pace	<input type="checkbox"/> Seek out people
<input type="checkbox"/> Refuse food/treats	

What specifically triggers this response?

How often does your dog encounter them?

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
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Do any of your other pets have behavioural responses to people?



## Resource Guarding Information

In response to a person or dog approaching them when they have a resource (something they value, e.g. food or toy), does your dog do any of the following behaviours:

<input type="checkbox"/>	Salivate	<input type="checkbox"/>	Bark/growl
<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Lunge
<input type="checkbox"/>	Hide/Escape	<input type="checkbox"/>	Yawn
<input type="checkbox"/>	Destroy	<input type="checkbox"/>	Chase
<input type="checkbox"/>	Freeze	<input type="checkbox"/>	Snap/bite/aggress
<input type="checkbox"/>	Pant	<input type="checkbox"/>	Tremble/Shake
<input type="checkbox"/>	Pace	<input type="checkbox"/>	Seek out people
<input type="checkbox"/>	Refuse food/treats		

What specifically triggers this response?

How often does your dog encounter them?

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
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Do any of your other pets have behavioural responses to people?

## Struggle History

What is the problem?

When did it first occur?

Did it occur suddenly or develop slowly over time?

Has it progressed?

Is the problem always present?

Yes:

No:

Further questioning relating to the specific problem:

## Treatment History

What has been tried to resolve the problem?