



Sarah HB

Canine Solutions Ltd

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Dog Behaviour Questionnaire

Client Information:

Name of Handler:		Date :
Address & POSTCODE:		
Contact No(s):	(M)	(H)
E-mail:		
Veterinary Practice:		
Where did you hear about me?	Google search <input type="checkbox"/> Veterinary Practice <input type="checkbox"/> Yell.com Yellow Pgs <input type="checkbox"/> Previous client Recommendation <input type="checkbox"/> Real Xs Radio <input type="checkbox"/> Other <input type="checkbox"/>	

Dog Information:

Name of Dog:			
Breed of Dog:		Age of Dog:	
Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Intact <input type="checkbox"/>
	Spayed <input type="checkbox"/>		Neutered <input type="checkbox"/>
Age when spayed/neutered?:			
Did you notice any short or long term changes in your dog's behaviour after altering?			
Was your dog altered because of a behaviour problem? If yes, explain:			
Are vaccinations up to date?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Is your dog regularly wormed (4 x's per year)?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Does your dog have any medical conditions? If yes, please explain.			
Is your dog currently given any medications? If yes, what meds & dose?			

Please answer the following questions. All information that you provide is confidential. It is important to answer carefully since the information will be used to help assess your dog's behaviour. Please add any additional information as you see fit. If a particular question is not relevant to your dog, please mark N/A.

Section 1:

How old was your dog when you acquired it?
Has the dog had previous owners? If yes, explain.
Where did you get your dog? Breeder <input type="checkbox"/> Pet store <input type="checkbox"/> Animal shelter <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/>
How does your dog spend the majority of its time? (i.e. asleep, following you around, playing etc)
Where is the dog left when no one is home?
Where does your dog sleep? Bedroom <input type="checkbox"/> Crate <input type="checkbox"/> Kitchen <input type="checkbox"/> Other <input type="checkbox"/>
How often is your dog exercised?.....
And for how long? More than... 10 mins <input type="checkbox"/> 45 mins <input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours <input type="checkbox"/>
Briefly describe your dog's daily exercised routine:
When is your dog fed? AM <input type="checkbox"/> PM <input type="checkbox"/> Both <input type="checkbox"/>
What do you feed your dog? Canned <input type="checkbox"/> Dry <input type="checkbox"/> Table Scraps <input type="checkbox"/> Treats <input type="checkbox"/>
Please state which dog food brand(s) you use:
Describe your dog's feeding habits? Finicky <input type="checkbox"/> Good appetite <input type="checkbox"/> Voracious <input type="checkbox"/>
What are your dog's favourite toys?
What sort of play does your dog enjoy most? Ball <input type="checkbox"/> Chase games <input type="checkbox"/> Tug <input type="checkbox"/> Other <input type="checkbox"/>

Section 2

Please describe the general social layout of the family: (e.g. children, other adults and animals)
Has your household changed since acquiring your dog? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe:
Does your dog enjoy the company of children: If not, please explain:

Section 3

Why did you decide to acquire a dog? Companion <input type="checkbox"/> For the children <input type="checkbox"/> Protection <input type="checkbox"/>
Describe your dog's behaviour as a puppy. Anything unexpected?
Why did you choose the breed?

Section 4

How does your dog behave when you start getting ready to leave the house?
Describe your dog's reaction to being left alone?
When you return, does your dog: <i>(You may tick more than one box)</i> <input type="checkbox"/> Avoids you <input type="checkbox"/> Greets you <input type="checkbox"/> Seems happy <input type="checkbox"/> Gets extremely excited <input type="checkbox"/> Seems lethargic <input type="checkbox"/> Is stressed / anxious <input type="checkbox"/> Is over attached for some time after
Do you use a crate? If yes, when did you begin to crate your dog?
Does your dog happily go in his crate by himself?
How many hours a day is your dog left alone? Less than.... 5 hours <input type="checkbox"/> 10 hours <input type="checkbox"/> 15 hours <input type="checkbox"/>

Section 5

Has your dog ever been to puppy or obedience classes? Private 1 to 1 ^s <input type="checkbox"/> Group <input type="checkbox"/>
How many weeks of training do you carry out?
Which training school or professional trainer/behaviourist did you use?
Briefly describe your impressions and benefits from training?
Does your dog come when called?
Will your dog lie down on command?
Does your dog pull when being walked on a lead?
Please describe your dog's general attitude and response to obedience training:

Section 6

What do you consider to be your dog's most undesirable behaviour(s)? (this is what I will focus on during our session / training programme) Please do not just put one word, please describe the unwanted behaviour for example rather than saying aggression or fear or anxiety, write; aggression towards dogs, fear of people males and females, anxiety when being left alone etc.

When did you first notice the problem?

Rank the severity of the dog's problem: Mild Moderate Severe

How often does the problem occur? Frequently Occasionally Rarely

Has there been a recent change in frequency or severity? Yes No

Have there been any changes in the household that could help to explain the appearance of the problem?

What have you done so far to correct your dog's behaviour problem?

Why do *you* think the dog is exhibiting the behaviour problem?

What would you like your dog to do instead of what he is currently doing; (this is what we will teach your dog to do)

Section 7 (Fears & Phobias)

Has your dog always suffered from or exhibited signs of 'fear / phobia'?
If no, has your dog suffered any recent trauma? (<i>a dog attack, a house burglary, being trapped in the house whilst an alarm was going off – anything that may have frightened your dog however small</i>)
Describe how your dog reacts to Unfamiliar people: Unfamiliar dogs:
What type of things is your dog more likely to be fearful of? List as many things as you can think of.
From your list above, does your dog show fear <i>every</i> time he comes into contact with these things? <input type="checkbox"/> Yes <input type="checkbox"/> No
Which of the following fear responses does your dog show signs of: <input type="checkbox"/> Trembling / shaking <input type="checkbox"/> Trying to escape / hiding <input type="checkbox"/> Seeking owner <input type="checkbox"/> Excessive panting <input type="checkbox"/> Lip licking / yawning <input type="checkbox"/> Defecating / urinating <input type="checkbox"/> Vocalising (barking or whining) <input type="checkbox"/> Expressing anal glands
Is your dog able to cope with these things better at a distance or in another room or does he still become fearful at the sight, smell or noise, no matter how near or far he is? Please give examples if possible;
How soon after a fearful incident does your dog recover / appear to have forgotten about it and seem relaxed? <input type="checkbox"/> 30 seconds <input type="checkbox"/> 3-4 minutes <input type="checkbox"/> 20 – 30 minutes <input type="checkbox"/> 1 minute <input type="checkbox"/> 5-10 minutes <input type="checkbox"/> Other _____.

Section 8

Does your dog exhibit any of the following behaviour problems?			
	Never	Occasionally	Often
• House soiling (urination, defecation, marking, submissive urination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Excessive barking or howling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Coprophagia (stool eating, other animal faeces)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Destructiveness (scratching, chewing, digging)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Jumping up (on guests or owners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Mouthing on hands or clothing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Chases (cars, people, shadows, other dogs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Object and food stealing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the dog become possessive over stolen items?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Dominance testing (pushy behaviour):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sexual behaviours (thrusting against humans, inanimate objects, roaming/escaping from garden):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Compulsive habits (paw licking, flank sucking, cloth sucking, other):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Overly submissive behaviour:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fearfulness (shy or Phobic reactions):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Excessive excitability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sleep problems:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Obsessive behaviours:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any problems not listed?			

