



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:

Please describe your dog's interaction with other animals in the household:

Describe how your dog reacts to guests and unfamiliar people:

Describe your dog's behaviour around unfamiliar dogs:

Section 3

Why did you decide to acquire a dog? Companion For the children Protection

Describe your dog's behaviour as a puppy. Anything unexpected?

Why did you choose the breed?

Have you owned other dogs in the past? (If yes, which breeds)

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: (*You may tick more than one box*)

Avoids you Greets you Seems happy Gets extremely excited
 Seems lethargic Is stressed / anxious 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 10 hours 15 hours

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?		
What training methods were used? <i>Rewards – toys or treats / Punishments - verbal or physical etc</i>		
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)			
When did you first notice the problem?			
Rank the severity of the dog's problem:	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
How often does the problem occur?	Frequently <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Rarely <input type="checkbox"/>
Has there been a recent change in frequency or severity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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 <i>you</i> think the dog is exhibiting the behaviour problem?			

Section 7

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?			

Section 8 (Separation Anxiety)

Has your dog always suffered from or exhibited signs of 'Separation Anxiety'?
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>
Is your dog happy to be isolated from you in any room (with the door closed)? <input type="checkbox"/> Yes <input type="checkbox"/> No
What type of things is your dog more likely to chew if given the opportunity <input type="checkbox"/> Carpets, furniture, plants, etc. <input type="checkbox"/> Personal items, clothing, shoes, handbags, etc
If he chews personal items, do they belong to one particular person? <input type="checkbox"/> Yes <input type="checkbox"/> No
If your dog chews non - personal items, is the destruction centred around exits such as doors and windows? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your dog only chew when he has no access to you or sometimes when you are present as well? <input type="checkbox"/> Sometimes when present. <input type="checkbox"/> Only when no access
What type of things do you normally leave down for your dog to chew on?
If your dog barks, does he bark EVERY time he is left alone? <input type="checkbox"/> Yes <input type="checkbox"/> No
What type of bark is it? <input type="checkbox"/> A continuous howl for long lengths of time, stopping only to catch breath, then starting again. <input type="checkbox"/> Occasional episodes of barking and silence. Silences can be for a number of hours. <input type="checkbox"/> An intermitted woof woof.....woof woof woof.....woof woof..... But continues the entire time the dog is left alone.

Section 9

Which of the following best describes your feelings about your dog's behaviour issue?	
a The problem is not that serious, but I am curious about what you would suggest.	<input type="checkbox"/>
b The problem is serious and I would like to change it, but if it remains unchanged we will live with it.	<input type="checkbox"/>
c The problem is very serious and I would like to change it; if it remains unchanged I will give him/her up or have him/her euthanized.	<input type="checkbox"/>
Additional comments or information that you think I should know?	

Please return via email or to the address above. Once I have receipt of your completed questionnaire I will contact you to arrange an appointment, if one has not been arranged already. Please note these sessions can take between 2-4 hours depending on the dog's issue(s) so please set aside the time.

It is often extremely helpful to see your dog's behaviour captured on video. If you do have a video recorder (mobile phones are perfectly acceptable) then please do try to record the behaviour taking place so I can view this on the day of your appointment. Or you can email the video in advance.

Payment can be made by cash or cheque made payable to Canine Solutions Ltd on the day of your appointment = £150. If your consultation is via a written veterinary referral (or RSPCA) this will be at the discounted rate of £100. However, I will need to receive the referral letter before our appointment.

Please note that if you are paying by cheque the typed behaviour modification programme will not be sent until the cheque has cleared. Unfortunately I am not always able to get to the bank within the week.