This questionnaire is designed to help us assess your dog’s behaviour issues by looking at all aspects of their lifestyle with you.

It is fairly lengthy so that time is not wasted during our sessions, please answer as comprehensively and honestly as possible so we will be able to concentrate on advice and training in our session.

All boxes can be expanded and you may use extra sheets.

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| About You |
| Owner’s Name: |   |
| Address: |    Postcode:  |
| Telephone: |   |
| Email Address: |   |
| Human family members and ages: |   |
| Other pets, sex, neutered and ages in household: |   |
| What is your house like? House/Flat/Bedrooms/Garden/Access to parks? |   |
| Do other people regularly visit your house? Family, friends, children? Frequency? |   |

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| About Your Dog |
| Name: |   | Date of Birth or approximate age |   |
| Sex: |   | Neutered?At What Age? |   |
| Breed or mix if known: |   | Age you got your dog: |   |
| Can you tell us about where you got your dog from? Please include as much detail as possible – where did you hear about the dog? Rescue? KC registered? Family Home? Saw mum and dad, what were they like? What history came with your dog? |   |
| Why did you get this breed, and this dog in particular? |   |
| What’s your previous dog experience? How many, how old were you? |   |
| What training, if any, have you done with your dog so far? |   |
| Is your dog housetrained?If yes, how did you train this? |   |
| What have you done in the way of socialising your dog since you got him/her? |   |
| Has your family situation changed since you got your dog?Divorce/death(human or pet)/job changes/births/home move/anything |   |

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| Veterinary History |
| Date last saw vet: |   | What was this for? Have you seen the vet for THIS problem before? |   |
| Date last full checkup: |   | Any pre existing medical conditions?  |   |
| Date of last vaccination: |   | Medications: |   |
| Weight: Guestimate if necessary |   | Allergies:In particular foods |   |
| Any other medical history or concerns: |   |
| Have you visited your vet about this problem? If so, what did they say? |   |
| By ticking this box you give permission for your vet to be contacted for history and/or medical advice regarding your pet. | [ ]  |

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| Your Dog’s Life |
| What does your dog eat? Brand? Biscuits? Wet food? |   | How many meals a day? |   |
| Does your dog eat all it’s food at once? |   | Would you describe your dog as fussy? |   |
| Do you leave food down for your dog? |   | Do you leave food when you are not in? |   |
| What treats does your dog get? |   | Does your dog get anything else? Human food? scavenging? How much? How often? |   |
| Does your dog play with toys? If so, what? |   | Will your dog amuse him/herself without you? If so, how? |   |
| What are your dog’s favourite things? | 1. 2. 3.  | 4. 5. 6.  |
| Where does your dog live and sleep? Which rooms does he use for daytime, when left and sleeping?  |   | Do you use a crate? If so, what occasions and for how long? |   |
| How many hours a day is your dog left routinely? |   | Where is your dog left when alone? |   |
| How many times a day is your dog walked and for how long? On/off lead? Park or pavement? Meets other dogs? Slow walking with sniffing, or fast walking? |   | When and how do you interact with your dog each day? This could be training sessions, play sessions, garden time, anything. |   |
| What was your dog’s routine on the LAST WEEKDAY? |   |
| What type of lead(s) do you use? |   | What type of collar/harness do you use? |   |

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| Target Behaviour Use more sheets for additional complaints |
|  | First Issue | Second Issue | Third Issue |
| What is the behaviour in question? Please give as much detail as possible |   |   |   |
| At what times does it happen? Or what happens immediately before the behaviour |   |   |   |
| When did the behaviour start? |   |   |   |
| Who does this behaviour affect?Other people in the house? Visitors? Some more or less? |   |   |   |
| How do you respond to the behaviour?Does everyone in contact treat the dog in the same way? |   |   |   |
| Why do you think the behaviour occurs? |   |   |   |
| What you have to tried in the past? |   |   |   |
| Do you feel the behaviour is escalating? |   |   |   |
| What do you hope to achieve from our sessions? |   |   |   |
| Have you considered rehoming or euthanasia for your dog? |   |   |   |

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| **Behaviour History** |
| Has your dog ever displayed aggression to humans? Please explain instances |   | Has your dog every displayed aggression to other dogs? Please explain instances |   |
| Has your dog ever:If yes to any questions, please expand in next question | [ ] Stared at a human[ ]  Frozen at a human[ ]  Growled at a human[ ]  Barked at a human[ ]  Bitten a human[ ]  Snapped at a human [ ]  Made a human feel uncomfortable/scared[ ]  Has legal action taken re any incident above | Please explain anything you answered “yes” to:If your dog has bitten a human, please state the circumstances, frequency, did it break the skin, was medical attention required? |   |
| Has your dog ever:If yes to any questions, please expand in next question | [ ]  Growled at another dog[ ]  Barked at other dogs? [ ]  Bitten another dog?[ ]  Snapped at another dog?[ ]  Had a fight with another dog?[ ]  Been attacked by another dog? [ ]  Has legal action taken re any incident above | Please describe anything you answered “yes” to: |   |
| Does your dog have issues with: If yes to any questions, please explain instances at end of questionnaire | [ ]  Being left alone[ ]  Thunderstorms[ ]  Fireworks[ ]  Other loud noises[ ]  Strangers[ ]  Chasing motorbikes, cars or bikes[ ]  Problem barking[ ]  Other Dogs[ ]  Other family members[ ]  Food being taken/given[ ]  Toys being taken/given[ ]  Guarding areas/people/items[ ]  Children[ ]  Handling[ ]  Grooming[ ]  Housetraining/soiling | [ ]  Travelling in a car[ ]  Vet visits[ ]  Smalls animals (squirrels etc)[ ]  Cats[ ]  Nipping/mouthing[ ]  Jumping up[ ]  Over arousal [ ]  Humping[ ]  Marking[ ]  Excessive licking[ ]  Excessive grooming[ ]  Excessive salivation[ ]  Pulling on the lead[ ]  Other |

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| The Rest |
| Please expand on any answers above or note here any other considerations you feel we need to know about.   |

Please sign (or write name if online) and date, agreeing that you have filled in this form to the best of your knowledge. You are also agreeing that you have read and agree with Dogworthy’s Terms and Conditions, noting safety advice and the cancellation policy: www.dogworthy.net/121-terms-and-conditions

Failure to disclose information may result in advice given being inappropriate, ineffective or create unsafe situations for humans and your dog.

Your name: Click or tap here to enter text.

Signature:Click or tap here to enter text.

Date:Click or tap here to enter text.