

Canine Behaviour Questionnaire

This form is detailed and will require time to complete fully. The reason for this is to ensure I take into consideration a variety of factors which may contribute to your pet's problem(s). It will also allow me to concentrate on the more significant areas during the consultation. I recommend that this form is completed by the person who spends the most time with the pet.

Please include as much information as possible. The more detail available, the more accurate my assessment of the case can be.

IT IS PREFERABLE THE FORM IS RETURNED PRIOR TO THE CONSULTATION

Please return completed forms to kirsten@kirstendillon.com

Questionnaire completed by (print):

Date form completed:

Date of consultation:

About you

Title & full name:

Address:

Tel (day):

Tel (evening):

E mail:

About your dog

Dog's name:

Sex:

M/F

Neutered: Yes/No

If yes, date neutered:

Breed:

Date of Birth:

Age when obtained:

Weight:

Has your dog had an exclusionary pain and welfare check with their vet?

What information do you have about the first 3-8 weeks of your dog's life? For example, breeder care, maternal care, food, where kept, medications and vaccinations given etc.

Did you see your dog's mother, or any other family members?

What previous experience do you have with dogs and have you owned this breed before?

Please list all other household pets, species, name, age, whether they are neutered and how your dog gets on with them.

Please list names and ages of other family members who live at the home (or any visiting family relevant to the issue).

How would you describe the relationship of each family member with your dog?

Type of home (e.g. flat):

Degree of access to home by dog:

Your dog's daily routine

Where does your dog sleep?

How often and for how long is your dog walked?

What is your dog's favourite pastime?

What's your dog's least favourite pastime?

Your dog's social behaviour.

Has your dog ever bitten or attacked a person?

If yes, please give details of the wound if any.

Has your dog bitten or attacked another dog?

If yes, please give details of the wounds and how serious.

State the dog's reactions to visitors to the home, including any aggressive behaviour.

Please detail type of aggression and type of visitor.

Growling = G, snarling = S, lunging = L, nipping = N, Biting =B

Males:

Females:

Children:

Dogs:

Does your dog have any obvious fears (e.g. cars/fireworks/dustcarts etc).

Is your dog overprotective of any part of its body (e.g. ears or feet)?

Diet and health

Type of food (include scraps and treats if any):

At what time/s do you feed your dog?

Does your dog eat from a bowl?

Any dietary allergies?

Date of last vaccinations:

Please list any medications or supplements, current or previous, that your dog has taken/is taking. List names and dosage if possible.

Veterinarian:

Address:

Phone number:

Email:

Your dog's current problem

Describe the problem:

When did it begin?

How frequently does the problem occur (times per day/week/month)

What has been done so far to address the problem?

Is the problem getting: better [] worse [] no change []

Do you suspect a cause?

What do you hope to achieve in the end?

Under what circumstances would you consider re-homing your dog?