

# Canine Questionnaire

PB/CQ Ref 01/09



## BACKGROUND INFORMATION

Case No.

Petplan Policy No.

.....

Client Name

.....

Address

.....

Daytime Contact No.

Evening Contact No.

.....

Name of Dog

Breed of Dog

Age

Sex

.....

Has Your Pet Been Neutered?

.....

## EARLY HISTORY

How old was your dog when you obtained it?

.....

Can you remember where he/she came from, e.g. breeder?

.....

Was he/she re-homed or from a rescue centre?

.....

Is this your first dog (not including childhood pets)?

.....

If no, what other breed(s) have you owned previously?

.....

**DIET**

**What do you normally feed him/her?**

.....

**How many times a day is he/she fed?**

**What time(s)?**

.....

**Do you give any supplements, e.g. vitamin pills?**

.....

**Does he/she enjoy food or are they finicky?**

.....

**Do you give any tit-bits? If so, what?**

.....

**EXERCISE**

**What type of exercise does your dog have?**

.....

**How many hours of exercise per day?**

**Alone or with other dogs?**

.....

**Does he/she enjoy their walks?**

.....

**Is there any interaction/play with other dogs?**

.....

**Do you keep your dog on a lead? (Always, Sometimes, Never)**

.....

**What is your dog's favourite toy?**

.....

**Where do you keep your dog's toys?**

.....

**Does your dog have free access to them?**

.....

## HOUSING

Where does your pet sleep at night?

.....

Where does he/she stay when you go out?

.....

Is he/she left regularly? If so, for how long?

.....

Are there any problems when you leave him/her?

.....

If Yes, What Happens?

.....

Do you leave any toys or other distractions?

.....

Is there access to the garden?

.....

When you are at home, does your dog tend to follow you around the house?

.....

## TRAINING HISTORY

Have you attended training classes with your dog?

.....

How old was the dog at the time?

How long did you attend for?

.....

Were there any problems with the training?

.....

Can you remember how you toilet trained the dog? Please describe

.....

Does he/she walk to heel?

Come when called?

Drop Object when asked?

.....

What other commands does your dog know?

.....

**FAMILY MEMBERS**

**How many people are there in your household?**

.....

**If there are any children, how old are they?**

.....

**Does everybody interact with the dog?**

.....

**Do you have any other animals? (If Yes, please list type, age, sex)**

.....

.....

**MEDICAL HISTORY**

**Does your dog have any current medical problems to your knowledge?**

.....

**Do you know of any previous medical problems?**

.....

.....

**Is he/she on any current medication?**

.....

**THE PROBLEM**

**Describe the problems you are having with your dog in as much detail as possible  
(please use a separate sheet if necessary)**

.....

.....

.....

.....

**What happens immediately before your dog displays these behaviours? Try to think both what you and your dog are doing when the problem occurs**

.....

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.....

.....

**What happens immediately after? Again, think about what you do and what the dog does**

.....

.....

.....

.....

**When did the problem begin? Can you remember the first time it happened?**

.....

.....

.....

.....

**When does the problem occur? Is it in any particular circumstances?**

.....

.....

.....

.....

**How frequently, on average, does the problem occur? Do you think it is becoming more frequent, less frequent, or staying about the same?**

.....

**Where does it occur? Is it, for example, always in the same place?**

.....

.....

**Who is usually present at the time?**

.....  
.....

**When was the last incident and can you describe this?**

.....  
.....  
.....  
.....

**If your dog is a bitch, is the behaviour related to her season or does it change during her season?**

.....  
.....

**Do any related dogs have similar problems?**

.....  
.....

**Do any dogs in contact with it have similar problems?**

.....  
.....

**Have there been previous attempts to cure this problem? (If so, please describe)**

.....  
.....  
.....  
.....

**OTHER PROBLEMS**

**Does your dog have any other problems?**

.....

**For example, is he/she good:**

With children?	Yes	No
With strangers?	Yes	No
With family members?	Yes	No
With to groom or bath?	Yes	No
With cats?	Yes	No
With loud noises?	Yes	No
When meeting other dogs?	Yes	No

**Would you describe your dog as:**

A fussy eater?	Yes	No
Aggressive in any situation?	Yes	No
Aggressive to other dogs?	Yes	No
Nervous of strangers/noises?	Yes	No
Sociable?	Yes	No
Confident?	Yes	No

**Does your dog enjoy being groomed?**

.....

**What kind of brush do you use?**

.....

**REHABILITATION**

**How much time do you feel able to commit to working with your dog to solve these problems?**

.....

.....

**What would you envisage happening if the behaviour problem persists?**

.....

.....

Please **Print** and **Fax** to 01-4932158 or send by **Post** to:  
The Pet Behaviour Centre, Wenden Kennels, Mount Venus Road, Rockbrook, Rathfarnham, Dublin 16.