

Canine Behaviour Form

Owners Name(s):	Dog Name:
Tel:	Breed:
Mobile:	Age:
Address:	Colour:
	Gender:
	Appointment Date & Time:
Email Address:	
Describe your dogs <u>main</u> problem here:	

PLEASE TICK ANY OF THE FOLLOWING THAT ARE APPROPRIATE TO YOUR DOG (and delete where appropriate)

General		13. Car sickness – drooling, vomiting	
1. Destructive when alone only		14. New baby introduction to a resident dog	
2. Destructive General – Anytime		15. Hyper sexuality (i.e mounting people/items)	
3. Boisterous behaviour/ hyperactivity		16. Introducing a new cat / kitten to a resident dog	
4. Excessive barking when alone		17. Introducing a new dog / puppy to a resident dog	
5. Excessive barking anytime		18. House toilet-training	
6. Barking in a car at people / at dogs		19. Other behaviour- Describe:	
7. Separation anxiety (dog upset when alone)		20. General food scavenging in the home	
8. Excessive play biting		21. General food scavenging outside the home	
9. Frightened of loud sounds / noise phobia		22. Recall- dog will not come when called	
10. Eating dog faeces- own/other dogs		23. Submissive urination	
11. Eating faeces – sheep / cow / horse		24. Dominant dog with owner	
12. Jumping up on people anywhere		25. General puppy care advice first 25 weeks	

Aggression to People or Dogs		31. Aggression to own family dogs only	
26. Aggression displayed- mainly on a lead		32. Aggression to people – territorially	
27. Aggressively chasing domestic animals		33. Aggression to people anywhere	
28. Aggression to male dogs only		34. Aggression to family members	
29. Aggression to female dogs only		35. Aggression to owner food/toy / bone/grooming	
30. Aggression to all dog either female or male		36. Aggression displayed in car at people / dogs	

Resource Guarding			
37. Does your dog growl when you go near his food	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
38. Does your dog growl when you go near his toys	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
39. Does your dog growl if someone comes near you	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
40. Does your dog growl if there is anything he values in his mouth and you try to take it away from him	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
41. Does your dog growl if someone comes near you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
42. Does your dog growl if you try to move him off the sofa/favourite spot?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>

House Geography & General Dog Behaviour			
43. Do you live in a House <input type="checkbox"/> Flat <input type="checkbox"/> Bungalow <input type="checkbox"/> Other <input type="checkbox"/>			
44. Does your dog have access to all rooms in your home	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
45. Do you have a garden/patio or other outside play area for your dog	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
46. Is your dog allowed to sleep on your bed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
47. Is your dog allowed to sleep in your bedroom	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
48. Where does your dog sleep at night in the house			
49. How does the dog behave when you are leaving the house			
50. Is he/she destructive when left unattended or home alone	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
51. Does he/she bark when left unattended at home or along	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
52. Does he/she defecate or urinate when left unattended or home alone	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>

Your Family			
Owner One (first name):		Owner Two (first name):	
Children under 16 years	Name:	Age:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Children under 16 years	Name:	Age:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Children under 16 years	Name:	Age:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Other persons/children living in the house:			
53. If 10 is deemed a perfect temperament and 0 as poor, what would you rate your dog – taking into consideration its behaviour problem in question? OUT OF TEN WRITE HERE:			
54. Do you have other dog(s) cat(s) in the house? Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Please write their names, breeds and ages:			

Attention Seeking Behaviour			
55. Does your dog paw or attempt to paw at you	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
56. Does your dog follow you around within the home	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
57. Does your dog mount people sexually (If especially children tick here also <input type="checkbox"/>)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
58. Does your dog always greet you on your return home	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
59. Does your dog get over excited on your return home	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
60. Is your dog indifferent to your return home or cannot be bothered	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Activity Levels			
61. What, in your view, is your dogs activity level - Low <input type="checkbox"/> Average <input type="checkbox"/> Very Active <input type="checkbox"/> Hyper Active <input type="checkbox"/>			
62. Does your dog have access to toys, balls, ropes etc in the house	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
63. Will your dog bring toys back to you on command and release them	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
64. Does your dog like playing with other dogs he meets	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
65. During a walk with your dog do you play any games with/without a toy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
66. Does your dog generally ignore other dogs it encounters	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
67. Do you or others play tug-o-war with your dog on ropes and other toys	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
68. How long (in total per day) are your dogs exercise periods – Hours/ Minutes			

Punishment- Do you practise the following			
69. Verbally punish the dog if you feel it is required or the dog has misbehaved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
70. Do you isolate the dog if you feel it has misbehaved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
71. Do you physically punish the dog if you feel it has misbehaved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>

Your Specific view on the dog behaviour problem	
72. The problem is very serious and I would like to change it, but if it remains unchanged I will:	I will keep my dog <input type="checkbox"/> I will not keep my dog <input type="checkbox"/>
73. The problem is very serious and I would like to change it, but if it remains unchanged I will have to consider: Rehoming the dog: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Euthanising the dog: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Any other comments- write here:	

History			
74. Is your dogs history known	Yes <input type="checkbox"/> No <input type="checkbox"/>	74a. Did you meet the dogs Sire and Dame (parents)	Yes <input type="checkbox"/> No <input type="checkbox"/>
75. From a rescue organisation	Yes <input type="checkbox"/> No <input type="checkbox"/>	74b. Has this dog had other owners	Yes <input type="checkbox"/> No <input type="checkbox"/>
76. From a kennel breeder	Yes <input type="checkbox"/> No <input type="checkbox"/>	74c. Why was the dog given up:	
77. From a house breeder	Yes <input type="checkbox"/> No <input type="checkbox"/>	74d. What age did you acquire your dog:	
78. Dog from another source- write here:			
79. How old was your dog/puppy when it first socialised with other people outside the home			
80. How old was your dog/puppy when it first socialised with other dogs outside the home			

Veterinary/Medical History	
81. Is your dog currently receiving any medication (if yes please specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>
81a. Please supply your Veterinary Practices details below	
Veterinary Practice Name:	
Name of your Veterinarian:	
Practice Address:	
Practice Telephone Number:	

Diet and Feeding	
82. Do you feed: Tinned dog food <input type="checkbox"/> Dry dog food <input type="checkbox"/> Give treats/chews <input type="checkbox"/> Other Type <input type="checkbox"/>	
83. How many feeds a day do you give your dog:	
84. Who feeds the dog:	

Physical Acts of Aggression	Yes	No	Don't Know
85. Your dog's aggression episodes appear unprovoked			
86. Your dog is abruptly docile after any aggressive incident			
87. Your dog appears to be sorry afterwards and appears guilty looking			
88. Your dog appears disorientated afterwards			
89. The aggressive events are associated with a glazed or absent expression			
90. I usually know what triggers my dog's aggressive behaviour			
91. The aggressive behaviour is new and uncharacteristic			

Aggression to People:

Please complete if your dog displays any aggressive behaviour to people

100. Has your dog ever bitten a person to break the skin-

If yes, please give description of circumstances below:

Yes No

101. How many times has it happened since:

102. When and what was the worst incident:

103. When was the last incident:

104. Has your dog ever made contact with someone when showing aggression towards someone else-

If yes, please give description of circumstances below:

Yes No

Forms of Aggression (please tick all applicable)

Yes

Barking

Showing teeth

Growling, grumbling etc

Snapping mouth

Grabbing (includes parts of clothing, shoes accessories, items in your possession etc)

Mouthing (includes hands, arms, legs, items in your possession etc)

Biting parts of the body (contact with teeth to hands, arms, legs, items in your possession etc)

Lunging forward

Chasing away

Other (describe):

Aggressive Behaviour/Triggers	Yes	No	Some-times	Don't Know
105. You are able to remove your dogs food without any aggression				
106. Can you take any toy from your dog without any aggression				
107. Will your dog let any person take its toys, chews etc without any aggression				
108. Will your dog stay on command without any aggression				
109. Will you dog sit on command without any aggression				
110. Can you attach your dogs lead/collar without any aggression				
111. Can you groom your dog without any aggression				
112. Can you remove your dog from any furniture without any aggression				
113. You can enter and leave a room where your dog is without any aggression				
114. Can you disturb your dog whilst it is resting/sleeping without any aggression				
115. Does your dog show aggression if you touch/approach when in its bed				
116. Can you collar and lead restrain your dog without any aggression				
117. Can you wash, shampoo ad towel dry your dog without any aggression				
118. Can you groom brush and detangle your dog's hairs without any aggression				
119. Can your dog be controlled at the grooming parlour without any aggression				
120. Can you pet and stroke your dog without any aggression				
121. Can you hug your dog without any aggression				
122. Can you lift your dog without any aggression				
123. Can a stranger reach towards your dog without any aggression				
124. Will your dog allow a stranger into your house without any aggression				
125. Does your dog allow your veterinarian to examine it without any aggression				
126. Does your dog allow any person to enter/exit your car without any aggression				
127. Can you approach your dog when it has a possession without any aggression				
128. Can you approach your dog while it is eating without any aggression				
129. Can you touch your dog while it is eating without any aggression				
130. Can you take away a chew or bone without any aggression				
131. Can you take the dogs food away without any aggression				
132. Can you stare at your dog for whatever reason without any aggression				
133. Can you lean over your dog and impose yourself without any aggression				
134. Can you press on your dogs head, shoulders or back without any aggression				
135. Can you approach or cuddle another member of the family without any aggression				
136. Does your dog act aggressively towards children				
137. Can a stranger approach you when your dog is on the lead without aggression				

Types of Aggression	Yes	No	Don't Know
138. Do you consider your dog aggressive to people because it is fearful of them			
139. Do you consider you dog aggressive to people because it is dominant with them			
140. Is your dog more aggressive when attached to its lead?			
141. Did your dog growl as a puppy at: Non family members <input type="checkbox"/> Family Members <input type="checkbox"/> Don't Know <input type="checkbox"/> N/A <input type="checkbox"/> If yes, please describe, include your dog's age:			
142. How old was your dog the first time it growled at a person: Age <input type="checkbox"/> Don't Know <input type="checkbox"/> N/A <input type="checkbox"/> If applicable, describe the circumstances:			
143. How old was your dog the first time it snapped or bit a person: Age <input type="checkbox"/> Don't Know <input type="checkbox"/> N/A <input type="checkbox"/> If applicable, describe the circumstances:			
144. If applicable, please write the general targets of your dog's aggression:			

Training			
145. Have you self trained your dog in obedience	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
146. Have you consulted with your veterinarian regarding the behaviour problem	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
147. Have you previously consulted a K9 behaviourist regarding your dogs present problem(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
148. Have you attended a dog training club with your dog for training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
149. Have you watched any videos/books regarding your dogs problem(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
150. Does your dog jump up to people in the house	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
151. Does your dog jump up at strangers outside	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
152. Does your dog jump up at the kitchen worktops	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
153. Does your dog stare at other dogs when you are walking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
154. Does your dog pull on the lead when walking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
155. Does your dog have any recall when out walking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
156. Can you send your dog to its bed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
157. Is it stressful walking your dog	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
158. Do you cross over the road when you see other dogs coming towards you	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
159. Do you avoid meeting other people and dogs when walking your dog	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Separation Anxiety

160. Your dog excessively barks or howls	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
161. Is your dog destructive- such as chewing furniture or frantic scratching at doors and windows	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
162. Does your dog have accidents indoors- i.e. urinating/ defecating in the house	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
163. Your dog excessively salivates, drools or pants	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
164. Does your dog intensively pace	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
165. If confined, does your dog attempt to escape	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
166. Is your dog crate trained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
167. Does your dog howl when you go out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
168. Does your dog scratch to get out of the crate/room when you go out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
169. Does your dog chew itself when you go out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
170. Excessive water consumption	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
171. Does your dog follow you from room to room	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
172. If your dog is left alone, where does he/she stay (ie Crate, room, whole house)			
173. Does your dog display signs of separation anxiety if left alone in the car	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
174. Have you ever done crate training with your dog	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
175. Can you close the bathroom door while taking a shower	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
176. Does your dog have any medical issues that you are aware of	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
177. Does your dog enjoy being with other dogs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
178. Have you done any behavioural work concerning your dogs separation anxiety before	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
179. Is your dog anxious about noises	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
180. Does your dog experience stress during thunder storms	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
181. Does your dog display signs of separation anxiety if you are in another room with the door closed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
182. If you have more than one dog are they able to share food and toys without confrontation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
183. Does your dog display any destruction behaviour when you are out	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
184. Does your dog paw excessively to enter a room you are in	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
185. Does your dog tremble prior to you going out	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
186. Have you had any complaints from the neighbours regarding your dogs excessive noise	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Any other information you deem useful please write here: