

Companion Animal Behaviour Referrals

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CANINE BEHAVIOUR PROBLEM HISTORY FORM

Date:

Owner's Name:

Address:

Post Code:

Telephone/Fax: Day:

Home:

Referring Veterinary Surgeon:

Usual branch attended:

Telephone:

GENERAL INFORMATION

Pet's name:

Age:

Sex:

Breed:

Neutered: Y/N At what age?

Reason for neutering?

Any behavioural changes since neutering?

Where was your dog obtained?

At what age?

If your dog has been re-homed, what do you know of its previous history?

Does your dog serve any specific role within the household?

The family members: Adults?

Children (with ages)?

Please list each family member and say how they feel they get on with the dog – use the other side of the sheet if necessary.

Other pets

Species	Breed	Name	Age	Sex	How do they relate to the dog?

DIET:

What do you feed your dog?

How many times per day?

Where?

At what times?

By whom?

Do you give any supplements, e.g. vitamins?

Does the dog enjoy its food or is it finicky?

Do you give any tit-bits? What?

Can you take food away from your dog?

EXERCISE:

What type of exercise does your dog have?

Who exercises the dog?

How many times per day?

For how long each time?

On or off the lead?

With other dogs or alone?

How does your dog react to other dogs – on the lead?

How does your dog react to other dogs – off the lead?

How does your dog react to strangers – on the lead?

How does your dog react to strangers – off the lead?

Does the dog enjoy exercise?

Does it interact or play with other dogs?

Who plays with the dog?

Is play inside or outside the house?

What is your dog's favourite toy?

What is your dog's favourite game?

Where do you keep your dog's toys?

Does the dog have free access to them?

Can you take a toy away from your dog?

Can you take a chew or bone away from your dog?

HOUSING:

Where does the dog sleep at night?

Where does the dog rest during the day?

Does the dog have access to the entire house?

Is the dog ever left alone during the day?

Is the dog ever left alone in the evening/night?

Does this occur regularly?

What is the maximum period of time that the dog is left alone?

Where does the dog stay when you go out?

Are there any problems when you leave your dog?

Do you leave any distractions with the dog?

Is there access to the garden when you are out?

Does the dog follow you when you are in the house?

TRAINING:

Has your dog had any training?

Were there any problems with training?

How did you toilet train your dog?

Does your dog walk to heel?

Come when called?

Drop objects when asked?

What other commands does your dog know?

What commands are most successful?

What commands are least successful?

Which family members have the best control?

Which family members have the least control?

HANDLING:

How does your dog react to the following:

Grooming:

Nail trimming:

Bathing:

Cleaning ears:

Giving medication:

How do you reprimand your dog?

How does it react?

Do any other members of the family use any other methods?

How does the dog react to these methods?

AGGRESSION:

Does your dog ever show its teeth or growl at anyone?

Who?

Under what circumstances? (Try to think what the dog was doing as well as the person).

Has your dog ever bitten anyone?

Who?

Under what circumstances? (Try to describe what the dog was doing as well as the person).

OTHER INFORMATION:

Does your dog ever seem nervous or frightened?

When?

Of what?

MEDICAL HISTORY:

Does your dog have any current medical problems?

Is your dog on any medication (including Herbal or Homoeopathic remedies)?

Do you know of any previous medical problems?

Has your dog had any major surgical procedures? Why and at what age?

THE PROBLEM

Describe the problems that you are having with your dog as fully as possible – continue on the other side of this sheet if necessary.

What happens immediately before these problems? Try to think of what the dog was doing as well as the people involved.

What happens immediately after? How do you and the dog react?

When did the problem begin? Can you describe the first time that it happened?

How frequently does the problem occur? Is the frequency increasing or decreasing?

When and where does it occur? Is it in the same place or in different locations? Give examples including the times of day.

Who is usually present?

Can you describe the most recent incident in detail?

Have there been any changes in the home or family recently?

If your dog is an entire bitch, does her behaviour vary during her season?

Do any dogs in contact with yours have a similar problem?

What methods have you already tried to correct this problem?

Are there any other problems with the dog?

REHABILITATION:

How much time do you feel able to commit each day to working with your dog to overcome these problems?

What do you envisage happening if the behaviour problem persists?

Thank you for taking the time to put thought and effort into completing this questionnaire. Please forward it, along with your vet's referral form, a video showing some examples of your dog's problem behaviour in its natural environment and your deposit to my office. They will need to arrive with me at least 5 working days before your consultation. If you have any queries, please contact me on 01269 844770.

I look forward to meeting you and your dog.