

Completed forms should be returned to:

Dr Daniel Mills BVSc PhD CBiol MIBiol ILTM MRCVS  
RCVS Recognised Specialist in Veterinary Behavioural Medicine  
Animal Behaviour Clinic  
University of Lincoln  
Riseholme Park  
Lincoln  
LN2 2LG



We will then contact you to arrange a convenient appointment  
Our ref

Date of first consultation..... Follow up date .....

Important note

**THIS FORM SHOULD BE COMPLETED BY THE PERSON WHO SPENDS MOST TIME WITH THE DOG IN CONSULTATION WITH THE WHOLE FAMILY. PLEASE INDICATE AN AREAS OF DISAGREEMENT BETWEEN THE FAMILY IT IS ESSENTIAL THAT THE FORM IS RETURNED WITH A SUITABLE VETERINARY REFERRAL FORM.**

**The cost of a normal canine behavioural consultation is 95£ plus VAT. Please refer to our website for further information.**

## CANINE BEHAVIOUR CONSULTATION

Questionnaire completed by (print)..... Signature ..... Date.....

### About you

Surname (Mr/Mrs/Miss/Ms) ..... Initials .....

Address.....

.....Post Code.....

Tel (day) ..... (evening) .....

e mail .....

What is the precise problem causing concern? (details will be asked for later on) .....

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

Please list other household pets, names, ages and whether they are spayed or neutered.

Please list names and ages of other family members who live at home.

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

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**Please include as much information as possible, The more detail available, the more accurate our assessment of the case can be. Use a separate sheets where necessary.**

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## **YOUR DOG'S DETAILS**

Name ..... Breed.....(If first cross indicate predominant breed, e.g. Peke or GSD etc. otherwise Mongrel, Mixed or "57")

Sex ..... Date of birth ..... Age when obtained .....

Date first acquired ..... Source .....

Please indicate the reason for obtaining this particular animal

.....

Have you ever attended Training Classes with this pet? Please give details (when, where, age of pet)

.....

How did your dog do in class? Very well / Average / Poor / Was asked to leave

Obedience commands known Sit Stay Down Fetch Other .....

Is your dog more obedient in different places? .....

Or with different people? .....

Does your dog play games? Yes/ No Details .....

Does your dog do tricks? .....

Learning – Do you think your dog is Good Average Poor

How do you correct your dog when he/she misbehaves .....

How do you reward your dog when he/she has done well?

How would you describe your pet's personality?

Does your dog lick or nibble itself a lot?

Is your pet currently on any medications, supplements etc (such as allergy medication)?  
If yes, please list name and dosage.

Has your pet been on medication for his/her behaviour in the past? If yes, please list name and dosage.

Is your pet on any medication for his/her behaviour now? If yes, please list name and dosage.

## YOUR DOG'S EARLY HISTORY & DEVELOPMENT

Details of early life if known, including litter size, age when obtained etc

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

Medical history (especially recurrent problems): .....

.....

Vaccination status ..... Date last wormed: .....

Method of housebreaking .....

How did you treat any mishaps at this time?.....

Where does your dog tend to go to the toilet?

Does your dog spot mark with small amounts of urine?

If so where does it do it?

How often does it empty its bladder in a day ?

How frequently does it empty its bowels ?

How much interaction with people in the first year of life?

When faced with a new situation how is your dog likely to react if on the lead?

.....

Is your dog keen to explore when on its own?

Does your dog have any known fears or things it dislikes?

Reaction *when out* to: Strangers – male .....

female .....

children .....

Unknown dogs .....

Known dogs.....

Does the behaviour change if on a lead as opposed to being free?

Other animals .....

Crowds/busy area .....

What is your dog's favourite past time?

What is your dog's least favourite past time?

## YOUR DOG'S ROUTINE

Describe 24 hours in the life of the pet.

Where does it sleep?

If your pet sleeps on the bed, who invites it up?

When does it get up in the morning?

Does your pet ever wake you at night? If yes, how often and why?

When does it go outside and for how long?

How does your dog ask to go outside?

Does it roam free in the garden?

What type of fencing is used to restraint the dog?

Do you ever walk your dog?

Where does it stay during the day when no one is home?

What does your dog do as you prepare to depart?

Does your dog ever bark or whine when you leave? Y\_\_N\_\_

Does your dog ever toilet or engage in destructive behaviour while you are gone? Y\_\_N\_\_

Typically how long is your dog alone with out people on any given day?

What does it do during family meals?

Is there any specific time devoted to play and/or training on a daily basis? Y\_\_N\_\_

Who initiates play time, you or the dog?

What types of toys does your pet play with?

### Diet:

Feed type ..... Amount ..... Time .....

Fed by whom ..... Is your dog protective of food? .....

Appetite Good/Poor How much does your dog drink each day?

Supplements or titbits .....

### Environment:

Type of home (i.e. flat, etc) ..... Degree of access by dog .....

How does your pet behave when visitors come to the house? (barking, door charging)

Does your pet display aggression (growling, snarling, snapping or biting) to visitors to your home? Y\_\_N\_\_

If yes, please describe

Familiar or regular visitors?

Name	Purpose	Time & Days	Dog's Reaction
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

Other visitors: Frequent ..... Occasional ..... Rare .....

Reaction to visitors: unknown males .....

unknown females .....

unknown children.....

unknown dogs .....

Other pets, please give details.....

.....

Dog's reaction.....

**Social activity**

Does your pet ever show inappropriate mounting or other sexual activity? Yes/No

If so, to whom or what.....

Is your pet ever protective over parts of his/her body (especially ears & feet) Yes/No

If yes, which regions .....

Has your dog ever bitten or attacked anyone? Yes/No

How much exercise does your dog receive? Amount .....

Frequency .....

Does your dog pull on the lead? Yes/No

Does your dog behave the same with all family members?

Please give details of any differences

Is there any sort of aggression in the following circumstances? (growling, snarling (showing teeth), lunging nipping, biting )

Please fill in chart on this page. (Y=Yes, N=No, D/N=don't know), if yes, indicate what level from the list above

	adult females	adult males	children	any specific individual
When handling / grooming				
If disturbed when resting				
If disciplined				
When walking on lead				
If trying to take food away				
When petting or hugging				
If taking any other objects from him/her				

Please list below and rank the five edible things your dog is most fond of. (rank 1 = favourite)

- 1
- 2
- 3
- 4
- 5

Please list below and rank the five toys or items your dog is most fond of. (rank 1 = favourite)

- 1
- 2
- 3
- 4
- 5

### The Current Problem

*If you have any video footage of the behaviour or it is safe to gather some, please include this with your questionnaire.*

When did it begin? .....

How long has it been present?

How old was the pet when it began?

Where does it occur? .....

With whom? .....

How often? .....

Please describe the first incidence of the behaviour, that you can recall, the most recent and one other which you remember clearly, i.e. 3 incidents in total

. Use separate sheets as necessary.

How frequently does the problem occur? \_\_times per day, \_\_times per week \_\_times per month \_\_times per year.

When does the problem occur?

When left alone? \_\_always \_\_usually \_\_rarely \_\_never

When family members are present? \_\_always \_\_usually \_\_rarely \_\_never

What has been done to correct the problem? .....

Is the problem getting - better worse no change

Do you suspect any cause? .....

Other details of the main complaint (Use a separate sheet if necessary).....

.....

.....

Any other behavioural problems?.....

.....

What are the feelings of **EACH** family member about your pet's present behaviour?

Under what circumstances would you consider euthanasia?

What do you hope to achieve in the end with your dog?

Is there anything else you would like to add about your dog and its behaviour?

Please give any other information you think is relevant to the case.....

**If the problem involves aggression** please complete the following portion.

Describe the most recent incident and the setting it occurred in. (Try to be very precise, as if you are drawing a picture)

Where was your dog?

Where was everyone in relation to your dog?

What was everyone doing before the incident?

What did your dog do?

What was your dog's body posture? ears, tail, face, hair

What was your reaction?

How did your dog react to your reaction?

Did you try to punish your dog?

If there was a bite wound was it a puncture wound or a tear?

**If the problem involves housoiling,**

does it occur:

When you are gone Y\_\_\_N\_\_\_

When someone is home Y\_\_\_N\_\_\_

**If the problem involves destruction,**

does it occur:

When you are gone Y\_\_\_N\_\_\_

When you are home Y\_\_\_N\_\_\_

Please draw a plan of your house showing where the damage tends to occur.

Any photos etc would be useful.