

# Canine behaviour questionnaire

Date \_\_\_\_\_

## Owner details

(Mr/Mrs/Miss/Ms) Surname/Family name \_\_\_\_\_ First name or Initials \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

(mobile) \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

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

Have you owned a dog before? [ ] Yes [ ] No

Have you owned this breed of dog before? [ ] Yes [ ] No

Have you owned other pets previously? [ ] Yes [ ] No

Please list other current household pets

Type and breed	Name	Age	Spayed/neutered?	Relationship with dog (e.g. avoids, plays, fights)

Please list the names, ages and occupations of other family members who live at home

Name	Age	Occupation

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## Patient details

Name \_\_\_\_\_ Breed \_\_\_\_\_

Sex  Male  Female  Male neutered  Female spayed

Date of birth \_\_\_\_\_ Age when obtained (if known) \_\_\_\_\_

Date first acquired \_\_\_\_\_ Source \_\_\_\_\_

Reason(s) for obtaining this dog

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the dog ever been used for breeding?  Yes  No  
If yes, at what age? \_\_\_\_\_

How would you describe your dog's personality?

\_\_\_\_\_

Do you consider your dog to be:

- Aggressive? (growling, snarling, snapping, nipping or biting in any circumstances)  
 Destructive?  Hyperactive/restless?  Disobedient?  Housetrained?  
 Nervous?  Excitable?  Noisy/excessive vocalization?  
 Depressed?  Demanding attention?  Playful?

## A Medical history

1. Please give a brief medical history, especially recurrent problems and treatment.  
Use an extra sheet if necessary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Vaccination status \_\_\_\_\_

3. Date last wormed \_\_\_\_\_

4. Is your dog currently on any regular medications (such as allergy medication, heartworm treatment, herbal or homeopathic remedies)?

Drug/remedy	Dose

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5. Has your dog been on medication for his/her behaviour in the past?  
If yes, please list name and dosage (include herbals and homeopathics)

Drug/remedy	Dose

6. Is your dog on any medication for his/her behaviour now?  
If yes, please list name and dosage (include herbals and homeopathics)

Drug/remedy	Dose

### B Early history

1. Please give details of the dog's early life, if known, including litter size, age of weaning, age when obtained, whether raised outside or indoors, if orphan or stray, whether hand-reared, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. How much interaction did the puppy have with people in the first year of his/her life? \_\_\_\_\_

\_\_\_\_\_

3. What method of housetraining was used? \_\_\_\_\_

4. How did you react to any mistakes during housetraining? \_\_\_\_\_

5. Did your puppy attend puppy 'parties' or classes? If so, please give details \_\_\_\_\_

\_\_\_\_\_

### C Training and obedience

1. Has your dog ever attended training classes? [ ] Yes [ ] No

2. If Yes, please give details (when, where, age of dog, who took it to the class) \_\_\_\_\_

\_\_\_\_\_

3. What types of training techniques were used in the class? \_\_\_\_\_

\_\_\_\_\_

4. What training methods have you used? \_\_\_\_\_

\_\_\_\_\_

5. How well did your dog do in the class? [ ] Very well [ ] Average  
[ ] Poor [ ] Was asked to leave

If asked to leave, please say why \_\_\_\_\_

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6. Do you think your dog is Good, Average or Poor at learning? [ ] Good [ ] Average [ ] Poor
7. What tasks will the dog reliably perform for you on command?  
[ ] Sit [ ] Stay [ ] Down [ ] Fetch [ ] Other \_\_\_\_\_
8. Does your dog do 'tricks' (such as shake, rollover)? \_\_\_\_\_
9. Does your dog pull when on the lead? [ ] Yes [ ] No
10. Is your dog more obedient in some places than in others? [ ] Yes [ ] No  
If Yes, please give details: \_\_\_\_\_
11. Is your dog more obedient with some people than with others? [ ] Yes [ ] No  
If Yes, please give details: \_\_\_\_\_
12. How do you correct your dog when he/she misbehaves? \_\_\_\_\_

### D Diet and feeding

1. What types of food (and brands) do you give your dog? \_\_\_\_\_
2. How much does he/she eat a day? \_\_\_\_\_
3. When and where is the dog fed? (how often and at what time) \_\_\_\_\_
4. If there is more than one dog in the home, how many food bowls are provided? \_\_\_\_\_  
Where are the food bowls situated? \_\_\_\_\_
5. Who feeds the dog? \_\_\_\_\_
6. Is the dog protective (stiffening, growling, snapping or biting) around the food? [ ] Yes [ ] No  
Details \_\_\_\_\_
7. Is his/her appetite Good or Poor? [ ] Good [ ] Poor
8. Does your dog eat Quickly or Slowly? [ ] Quickly [ ] Slowly
9. What are his/her favourite foods? \_\_\_\_\_
10. Do you have to be present for him/her to eat? [ ] Yes [ ] No
11. How much does your dog drink each day (in pints or litres)? \_\_\_\_\_
12. Do you add supplements or titbits to the diet? [ ] Yes [ ] No  
If yes, what and why? \_\_\_\_\_
13. Is he/she given bones or chews? \_\_\_\_\_  
Is he/she possessive with these? \_\_\_\_\_
14. Do you consider your dog to be at the correct weight? [ ] Yes [ ] No  
Please fill in your dog's weight \_\_\_\_\_

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### E Daily activities

#### Sleeping and waking

1. Where does your dog sleep? \_\_\_\_\_
2. If your dog sleeps on the bed, who invites him/her up? \_\_\_\_\_
3. When does the dog get up in the morning? \_\_\_\_\_
4. Does your dog ever wake you at night? [ ] Yes [ ] No  
If yes, how often and why? \_\_\_\_\_

#### Going outside

5. When does your dog go outside and for how long? \_\_\_\_\_
6. How does your dog ask to go outside? \_\_\_\_\_
7. Does he/she roam free in a garden or yard? \_\_\_\_\_
8. What type of fencing is used to restrain the dog? \_\_\_\_\_
9. Is your dog keen to explore when on its own? \_\_\_\_\_

#### Toileting

10. Where does your dog tend to go to the toilet? \_\_\_\_\_
11. Does your dog spot mark with small amounts of urine? [ ] Yes [ ] No  
If so, where? \_\_\_\_\_
12. How often does he/she empty his/her bladder in a day? \_\_\_\_\_
13. How frequently does he/she empty his/her bowels? \_\_\_\_\_

#### Exercise

14. What sort of exercise (e.g. walking on/off lead, running off lead, agility training) does your dog receive and how much?

Type	Purpose	Amount	Frequency

15. Who takes the dog for exercise?

#### Play/training

16. Is there any specific time devoted to play and/or training on a daily basis? [ ] Yes [ ] No
17. Does your dog play games with you or other family members? [ ] Yes [ ] No  
Details \_\_\_\_\_
18. Who initiates play: people or the pet? \_\_\_\_\_
19. What types of toys does your dog play with? \_\_\_\_\_

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### 'Home alone'

20. Is your dog left home alone in the house? \_\_\_\_\_
21. Where does the dog stay during the day when no one is home? \_\_\_\_\_
22. What does he/she do as you prepare to depart? \_\_\_\_\_
23. Does your dog ever bark or whine when you leave?     Yes     No
24. Does your dog ever  vocalize,  toilet, or  engage in destructive behaviour while you are gone?
25. Typically, how long is your dog alone without people on any given day? \_\_\_\_\_
26. What arrangements are made for your dog when you go on holiday? \_\_\_\_\_

### Family routine

27. What does he/she do during family meals? \_\_\_\_\_
28. Has there been a change in your household routine (e.g. new work hours, new baby, moving, new roommate or visitors, boarding, diet change)?     Yes     No  
 Details \_\_\_\_\_

### Favourite things

Please list 5 things your dog enjoys most; these may be foods, toys or activities

\_\_\_\_\_

## F Interaction with family members

### The home environment

1. What type of home do you have (e.g. flat/apartment, house) \_\_\_\_\_
2. What areas of the house does your dog have access to? \_\_\_\_\_
3. Where does your dog sleep at night? \_\_\_\_\_
4. Does he/she have their own bed? \_\_\_\_\_

### Reaction to handling by family members

5. Is there aggression in the following circumstances? This can include growling, snarling (showing teeth), lunging, nipping, snapping or biting. Please fill in the chart: (Y=Yes, N=No, N/A=doesn't apply). If biting has occurred in any of these circumstances, please describe the wound (tear, puncture, bruising)

	Adult owner (female)	Adult owner (male)	Children	Any specific individual
Handling/grooming				
Petting or hugging				
Disturbed when resting				
Discipling				
Walking on the lead				
Taking food away				
Taking other objects				

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## G Interaction with others

### Reaction to visitors

1. How does your dog behave when visitors come to the house (e.g. barking, door charging)?  
\_\_\_\_\_
2. Is the behaviour different toward familiar and unfamiliar people?    [ ] Yes    [ ] No  
If yes, describe \_\_\_\_\_
3. Is the behaviour different toward people outside the house and people inside the house?  
[ ] Yes    [ ] No  
If yes, describe \_\_\_\_\_
4. Does your dog display aggression (growling, snarling, snapping or biting) to visitors to your home?  
[ ] Yes    [ ] No  
If yes, describe \_\_\_\_\_
5. Has your dog ever bitten or attacked anyone?    [ ] Yes    [ ] No
6. Please fill in details of any regular visitors to the home

Name (if known)	Purpose	Time & Days	Dog's reaction

7. What is the dog's response to other visitors?

Frequent visitors	Occasional visitors	Rare visitors

### Reactions to other people

8. Please describe your dog's reaction to each of the following:

	In the home	Out of the home
Familiar men		
Familiar women		
Familiar children		
Unknown men		
Unknown women		
Unknown children		
Familiar dogs		
Unknown dogs		
Other animals		
Crowds/busy areas		

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### Reactions to other animals

9. What is the reaction to other dogs when out at exercise?  
On a lead \_\_\_\_\_  
Free exercise \_\_\_\_\_
10. What is the reaction to other animals, e.g. squirrels, unfamiliar cats? \_\_\_\_\_  
\_\_\_\_\_

### H Other behaviours

1. Does your dog ever show inappropriate mounting or other sexual activity? [ ] Yes [ ] No  
If so, to whom or what? \_\_\_\_\_
2. Is your dog ever protective over parts of his/her body (especially ears and feet)? [ ] Yes [ ] No  
If yes, which regions? \_\_\_\_\_
3. Does your dog lick or chew on themselves more than you would expect? [ ] Yes [ ] No

### I The current problem

1. What is the current problem(s) you are having with your dog? Please describe it briefly \_\_\_\_\_  
\_\_\_\_\_
2. When did it begin? \_\_\_\_\_
3. How long has it been present? \_\_\_\_\_
4. How old was the dog when it began? \_\_\_\_\_
5. Where does the problem occur? \_\_\_\_\_
6. With whom? \_\_\_\_\_
7. How often? \_\_\_\_\_
8. Other details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### J Aggression

Please answer the questions below if the problem is aggression:

1. Describe the most recent incident and the setting it occurred in (try to be very precise, as if you were drawing a picture):
- a) Where was the dog? \_\_\_\_\_
  - b) Where was everyone in relation to the dog? \_\_\_\_\_
  - c) What was everyone doing before the incident? \_\_\_\_\_
  - d) What did the dog do? \_\_\_\_\_
  - e) What was the dog's body posture? Describe the position of ears, tail, face, hair on back, or draw a picture if necessary \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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2. What was your reaction to the behaviour? \_\_\_\_\_
3. How did the dog react to your reaction? \_\_\_\_\_
4. Was there any punishment? \_\_\_\_\_
5. If there was a bite wound was it a puncture wound or a tear? \_\_\_\_\_
6. Going back in time, describe the 3 most recent incidents of the behaviour. Please use additional pages for this \_\_\_\_\_
7. How frequently does the problem occur? 

<input type="checkbox"/> Times per day	<input type="checkbox"/> Times per week
<input type="checkbox"/> Times per month	<input type="checkbox"/> Times per year
8. When does the problem occur?

When left alone?	<input type="checkbox"/> Always	<input type="checkbox"/> Usually
	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
When family members are present?	<input type="checkbox"/> Always	<input type="checkbox"/> Usually
	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
9. What has been done to correct the problem? \_\_\_\_\_
10. Is the problem getting:  Better  Worse  No change?
11. Do you suspect any cause? \_\_\_\_\_

### K House soiling

If the problem is house soiling, does it take place:  
When you are not present?  Yes  No  
When someone is home?  Yes  No

### L Destruction

If the problem is destruction, does it take place:  
When you are not present?  Yes  No  
When you are home?  Yes  No

### M Other problems

What other behaviours does your dog engage in that are objectionable to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does his/her behaviour cause arguments at home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### N You and your dog

1. How would you describe your relationship with this dog?  
Adult owners (female) \_\_\_\_\_  
Adult owners (male) \_\_\_\_\_  
Children \_\_\_\_\_

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2. What are your feelings about the dog's present behaviour?  
Adult owners (female) \_\_\_\_\_  
Adult owners (male) \_\_\_\_\_  
Children \_\_\_\_\_
3. How would you ideally like your dog to be? \_\_\_\_\_
4. Under what circumstances would you consider euthanasia? \_\_\_\_\_  
\_\_\_\_\_
5. What is your expectation for change? \_\_\_\_\_
6. 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Questionnaire completed by (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_