Before your behaviour consult with **Nose To Trail** can be confirmed, we need some additional information from you. We understand that this form may seem lengthy, however we need to gain as much information as possible to help us to get an understanding of your dog and your situation before the consultation takes place. The information you provide will be used to help with our assessment and the treatment plan we design.

This form should be completed by the person who spends most time with the dog. Please discuss your responses with the whole household. Please include as much information as possible.

Once you have completed this form, please return it to: [info@nosetotrail.co.uk](mailto:info@nosetotrail.co.uk) or via post to: Nose To Trail, April Cottage, Combermere, SY13 4AL

**About You:**

(Mr/Mrs/Miss/Ms/Dr) Surname       First name

Dog’s name

Address

Post code

Phone Number       Email

What previous experience do you have with dogs? E.g. pet dogs only, working dogs, or employed in the animal care profession.

Briefly explain the reason for obtaining your dog

#### Your Dog

Age Now:

Is your dog a rescue dog?  Yes  No

Date of birth (approximate if rescued):

Age when obtained:

Breed or cross if known:

Sex (please mark the appropriate boxes):  Male  Female

Neutered  Intact

Vaccination status:       Date last wormed:

#### Please describe in a few words, the nature of the problem. If there is more than one problem, please indicate which is of the greatest concern to the family.

Is your pet currently on any medications or supplements including herbal remedies? If so, please state them here:

Has your pet been on medication for their behaviour in the past? If yes, please provide details below:

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

Does your dog have any known medical history:

Where did you get your dog from?

Details of early life if known (before 16 weeks), for example: rehomed several times, or number of other pups in litter.

After bringing your dog home, how did you feel they settled in?

Have you ever attended training classes with this dog? Please give details of the type of training e.g. puppy class using positive reinforcement/treats

How did your dog do in class?

What behaviours can your dog do? E.g. sit, paw, lie down

Is your dog more obedient in different places or with specific individuals?

If your dog plays games, please describe

Do you think your dog is intelligent?

Do you correct your dog when s/he misbehaves? If so, how?

Do you reward you dog when s/he has done well? If so, how?

Your Home

Type of home (i.e. flat, etc):

Degree of access by dog:

Please list other household pets, names, species, ages, gender and whether they are neutered.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Species | Age | Gender / Neutered |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Do any dogs that share the household have similar problems? If so, please describe:

Please list names and ages of other human household members and how you would describe the relationship of each with your dog:

|  |  |  |
| --- | --- | --- |
| Name | Age | Relationship with dog |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Your dog’s personality**

How would you describe your dog’s personality?

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

# Does the behaviour change if they are off lead?

Does your dog have any fears or things it dislikes? If ‘yes’ please list

Reaction outside of the home to:

|  |  |
| --- | --- |
|  | Reaction |
| Male person |  |
| Female person |  |
| Children |  |
| Unknown dogs |  |
| Other animals |  |

Please list below the top 5 things your dog likes to eat:



Please list below your dogs top 5 toys or games:



# Who initiates play time, you or the dog?

Has your dog ever bitten or attacked anyone?

If yes, please provide brief details.

Your Dog’s Daily Life:

Describe a typical 24 hours in the life of your dog

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

# Do you walk your dog, if so how often and for how long?

# 

Does your dog pull on the lead?

# Does your dog get off lead exercise?

# 

# Typically, how long is your dog alone without people on any given day?

# Do you have any problems when you leave your dog? I.e. vocalising, refusing to eat while alone? If so describe:

**Your Dog’s Diet**

Type of food given:

Amount of food given:

Time of day your dog is fed:

Who feeds the dog?

Is your dog protective of food?

Do you give your dog treats or titbits?

How much does your dog drink each day?

**Your Dog’s Social Life**

Has your dog ever shown aggressive behaviour (growling, snarling, snapping or biting) to any member of the household? If so, please give details.

Does your dog treat all members of the household in the same? Please give details of any differences.

How does your dog react when visitors come to the house?

# What is your dog’s response to familiar visitors?

In general, how does your dog respond to the following types of people visiting your home:

|  |  |
| --- | --- |
| **Visitor** | **Reaction** |
| Unknown males |  |
| Unknown females |  |
| Unknown children |  |
| Unknown dogs |  |
| Other pets |  |

Is there any particular group of people that your dog responds to in a specific way? If yes, please provide details.

Is your pet ever protective over parts of his/her body (especially ears & feet)?

# If yes, please state where and when.

How does your dog react in the following situations?

If they have not experienced any of the scenarios, please simply note N/A in the table below.

*Nose To Trail does not under any circumstances recommend testing your dog under any of the following scenarios if they have not encountered it before.*

|  |  |  |  |
| --- | --- | --- | --- |
| Scenario | Adult Females | Adult Males | Children |
| 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 |  |  |  |

Does your dog ever show aggression when examined by the vet?

Does your pet ever show inappropriate mounting or other sexual activity?

If so, to whom or what?

**Current Behaviour Problem**

When did it begin?

How long has it been happening?

How old was your dog when it began?

Where does it occur?

Who is usually present at the time?

How frequently does the problem occur? (times per day, per week, per month or per year)

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

First incident:

Most recent incident:

Another incident:

What has been done to help solve the problem? Please indicate whether each measure has helped, made no difference or made matters worse

Is the problem getting

Better  Worse  No change

Do you suspect any cause?

Does your dog have any other behaviour problems?

What are the feelings of each family member about your dog’s present behaviour?

In an ideal world what would you hope to achieve with your dog?

What are the essential changes you need to be able to continue to live with your dog?

What would you envisage happening if the problem persists?

Please give any other information you think relevant

*If you’re not seeking help for aggression you have now completed your questionnaire. Please return it to us. Once we have received this and your vet referral form we will contact you to schedule your appointment.*

Additional information required for aggression cases.

Describe the most recent incident and the setting in which it occurred. Try to be as precise as possible, imagine 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 exactly and what did he look like just before and after the event?

Are you aware of a trigger for the behaviour or for similar behaviour in the past?

Were you aware of any warning signs before the incident?

What was your immediate reaction?

What was the reaction of the victim?

How did your dog respond to this reaction?

If there was a bite wound, where was it located on the body and what kind of a wound was it (puncture wound, tear, blue spot, etc)?

*You have now completed your questionnaire.*

*Please return it to us. Once we have received this and your vet referral form, we will contact you to schedule your appointment.*