

Trainer: _____

Consultation Form

Date: _____



The
Pawfect
Place

Canine Behavior Consultation Questionnaire

Owner Information

Name: _____

Address: _____

Home phone: _____

Work phone: _____

Email: _____

Pet Information

Name: _____

Breed: _____

Weight: _____

Age: _____

Sex: M/F

Listen any medications pet is taking currently: _____

Does the pet have any current medical problems? If so, please list: _____

Spay/Neutered: Y / N Age altered: _____

Where did you obtain this pet? _____

Age obtained: _____

Breeder (if applicable): _____

Behavior of parents or littermates (if known): _____

For what purpose was this pet obtained? _____

Nutrition

Type of Food: _____

Are you currently feeding a grain free diet or have you fed a grain free diet in the past?
(circle one) Y N

How often is your pet fed? _____

When? _____

Where? _____

Describe eating (e.g. picky/voracious, etc): _____

List all treats given and frequency: _____

What kind of chews are offered (bones, bully sticks, antlers, pig ears, etc)? How often? _____

List any supplements and frequency: _____

Any allergies or food sensitivities? (circle one) Y N If so, please list _____

Exercise

Type of exercise:

Amount/frequency of exercise: _____

Who exercises the dog? _____

Amount/frequency of play? _____

Who plays with the dog? _____

Favorite game: _____

Favorite toy: _____

Describe where dog stays at each of the following times:

Daytime (owner away): _____

Daytime (owner home): _____

Nighttime/Sleeping: _____

When guests visit: _____

How long is the dog home alone each day? _____

Dog's reaction when left alone? _____

Reaction prior to departure? _____

Reaction at homecoming? _____

Is the dog ever alone outdoors? Y / N How often? _____

How long is the dog alone outdoors? (average): _____
What is the longest that you leave your dog alone outdoors? _____
Where is your dog left when outdoors? _____
How does your dog react to car rides? _____
Do you ever leave your dog alone in the car? Y / N How long? _____

Principal Complaint (It is not necessary to duplicate previous answers)

What is the primary problem? _____

Describe the severity of the problem: Mild / Moderate / Severe

Is the primary problem a safety concern? Y / N Human Other Animals: _____

Have you considered euthanasia? Y / N

Comment: _____

Describe the problem beginning with the most recent incident: _____

Describe previous incidents: _____

What age was your pet when this problem started? _____

Describe the first incident: _____

How often does this problem occur? _____

Has there been a recent change in frequency or severity? Y / N (Circle which / or both)

If yes, describe: _____

Describe any changes in the home when the problem first appeared: _____

Have you actually seen the problem? _____

If yes, what did you do? _____

What has been done so far to try and correct the problem? _____

What was the dog's response? _____

List any techniques that have had success: _____

List any techniques that have made the problem worse: _____

List any drugs tried and the dog's response to the medication: _____

Additional comments on the principle problem: _____

Family/Relationships

List each household family member (include sex and age): _____

Describe how your dog gets along with each family member: _____

Briefly describe the family schedule/routine, including how long the dog is left alone: _____

List all other household pets (include species, breed, age, and sex): _____

Describe how your pet gets along with each other: _____

Training

Describe any training: _____

At what age did classes begin? _____ Outcome? _____

Describe your dog's learning ability: _____

Who took the dog for training/did the training with? _____

What commands are most successful? _____

In what locations/situations are commands most successful? _____

What commands are least successful? _____

In what locations/situations are commands least successful? _____

Which family member(s) have the best control? _____

Which family member(s) have the least control? _____

Describe your dog's personality: _____

Notes for Trainer _____

Handling

How does your dog react to the following?:

Nail Trimming: _____
Giving Medication: _____
Cleaning Ears: _____
Grooming: _____
Bathing: _____
Patting head: _____
Rubbing belly: _____
Being lifted: _____
Rolled over: _____
Grasping collar: _____
Feet wiping: _____

How does your dog react to the following?:

Familiar dogs on property? _____
Familiar dog off property? _____
Unfamiliar dogs on property? _____
Unfamiliar dogs off property? _____
Strangers (on property)? _____
Strangers (off property)? _____
Strangers arriving indoors: _____
Other animals (cats, birds, squirrels)? _____

Crate/Kennel Training

Have you ever used a crate for confinement? (circle one) Y N If yes, when _____

Do you still use a crate? (circle one) Y N

If no, how long was the crate used? _____

If no, when and why did you stop? _____

Describe the dog's reaction to being crated/kenneled? _____

Was the crate ever used for punishment? Y N

Crate location: _____

Describe crate: _____

Trainer Notes: _____

Punishment

Have you used/how does your dog react to the following:

Physical punishment (hitting): _____

Noise (shaker can, siren): _____

Ultrasonics: _____

Water Sprayer: _____

Verbal: _____

Physical handling: _____

Muzzle grasp: _____

Roll-over: _____

Pinning: _____

Time Out: _____

What punishment is most effective? _____

Does any punishment make the problem worse? Y N If yes, describe _____

Which family member(s) is most successful at punishment? _____

Type of punishment used: _____

Which family member is least successful with punishment? _____

Type of punishment used: _____

Dogs reaction: _____

Aggression Date:

Is your dog aggressive to family members? Y N If yes, who & describe: _____

List any people that your dog is aggressive towards: _____

List any types of people (children, delivery) that your dog is aggressive towards: _____

Has your dog ever bitten hard enough to break the skin or cause injury? Y N If yes, describe: _____

Describe any other situations where your dog growls: _____

Does your dog ever threaten or act aggressive in any of the following situations:

Petting: Y N

While eating: Y N

Chewing objects: Y N

Approach while asleep: Y N

Punishment/discipline: Y N

People entering the home: Y N

People entering the property: Y N

People off property: Y N

Other dogs on property: Y N

Other dogs off property: Y N

Other animals: Y N List: _____

If yes to any of the above, indicate which & describe: _____

Is there a particular type of handling that leads to aggression (grooming, nail trimming, givings meds, etc...) _____

Does handling a particular part of the body lead to aggression? _____

Was there an illness or health problem when the aggression started? _____

When your dog is aggressive, what is your response? _____

Does your dog act fearful at the time of aggression? _____

Describe situations: _____

Describe dog's reaction: _____

Other Problems

Answer yes or no - if yes, please provide additional information:

Masturbation:

Roaming:

Mounting:

Urine marking:

Chews/licks self:

Location:

Frequency:

Tail biting:

Tail chasing:

Fly chasing:

Uncontrollable urination when excited:

Uncontrollable urination when frightened:

Bedwetting (when sleeping):

Eats non food items:

Licks objects:

Sleep disorders:

- Excitability:
- Overactive:
- Phobias (thunder, cars):
- Shyness/timidity:
- Destructive digging/chewing:
- Barking:
- Howling:
- Whining:
- House soiling (stool):
- Stool eating:
- Chasing objects:
- Jumps up (on guests/owners):
- On furniture when not permitted:
- Garbage raiding:
- Food stealing:
- Pushy - wants own way:
- Disobedient - runs away, won't come when called, only listen when feels like it

Anything else we should know: _____

Trainer Notes: _____

