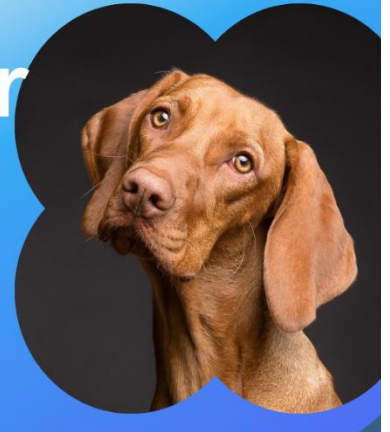


Thrive Animal Behaviour and Wellbeing - Client Survey



Thank you for taking the time to complete this survey about your pet/companion animal. This information will help us provide the best care and support tailored to your animal's needs.

Client Name: _____

Pet Name: _____

Age of Pet: _____

Breed / Species: _____

Gender of Pet: _____

Phone Number or email address:

Survey

Please tick the most applicable
answers

How long have you had your pet?

- ☐ Less than 6 months
- ☐ 6 months to 1 year
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ More than 5 years

Any known health issues? *(Please select all that apply)*

- ☐ None
- ☐ Arthritis
- ☐ Obesity
- ☐ Heart disease
- ☐ Respiratory issues
- ☐ Digestive problems
- ☐ Skin conditions
- ☐ Anxiety or behavioural issues
- ☐ Other (please specify): _____

Nutrition (Domain 1)

a. How often do you feed your pet?

- ☐ Once a day
- ☐ Twice a day
- ☐ Three times a day
- ☐ Free feeding (food is always available)
- ☐ Other (please specify): _____

b. What type of diet do you provide?

- ☐ Commercial dry food
- ☐ Commercial wet food
- ☐ Home-cooked meals
- ☐ Raw diet
- ☐ Mixed diet (specify): _____
- ☐ Other (please specify): _____

c. Are there any dietary restrictions or allergies?

- ☐ No
- ☐ Yes (please specify): _____

d. How would you rate your pet's appetite?

- ☐ Excellent (eats eagerly and consistently)
- ☐ Good (eats well most of the time)
- ☐ Fair (occasionally skips meals or eats less)
- ☐ Poor (often refuses food or eats very little)

Environment (Domain 2)

a. What type of living environment does your pet have?

- ☐ Indoor only
- ☐ Outdoor only
- ☐ Indoor with access to outdoor space
- ☐ Other (please specify): _____

b. Does your pet have access to a safe and comfortable resting area?

- ☐ Yes, always
- ☐ Yes, most of the time
- ☐ No, needs improvement

c. How often do you clean your pet's living space?

- ☐ Daily
- ☐ Weekly
- ☐ Bi-weekly
- ☐ Monthly
- ☐ As needed

d. Does your pet have access to environmental enrichment (e.g., toys, scratching posts, tunnels)?

- ☐ Yes, always
- ☐ Yes, occasionally
- ☐ No, but I plan to provide it
- ☐ No, not interested

Health (Domain 3)

a. How often do you take your pet to the vet for regular check-ups?

- ☐ Every 6 months
- ☐ Once a year
- ☐ Every 2 years
- ☐ Only when there is a problem

b. Has your pet been vaccinated and wormed as recommended?

- ☐ Yes, up to date
- ☐ No, overdue
- ☐ Not sure
- ☐ If not both (please specify): _____

c. Is your pet currently on any medication or supplements?

- ☐ No
- ☐ Yes (please specify): _____

d. How would you rate your pet's overall health?

- ☐ Excellent (no known issues, active and healthy)
- ☐ Good (minor health issues, generally healthy)
- ☐ Fair (some ongoing health concerns)
- ☐ Poor (serious or multiple health issues)

Behaviour (Domain 4)

a. How would you describe your pet's behaviour most of the time?

- ☐ Calm and relaxed
- ☐ Playful and active
- ☐ Anxious or nervous
- ☐ Aggressive or reactive
- ☐ Other (please specify): _____

b. How does your pet interact with other animals (multiple options can be ticked)?

- ☐ Friendly and social
- ☐ Neutral (ignores other animals)
- ☐ Anxious or fearful
- ☐ Aggressive
- ☐ Not applicable (no interaction with other animals)
- ☐ Other: _____

c. Does your pet display any of the following behaviours? (Please select all that apply)

- ☐ Chewing or destructive behaviour
- ☐ Excessive barking/meowing/ calling
- ☐ Separation anxiety
- ☐ Inappropriate elimination (e.g., house soiling)
- ☐ None of the above
- ☐ Other (please specify):

d. How often do you engage in play or training with your pet?

- ☐ Daily
- ☐ Several times a week
- ☐ Once a week
- ☐ Rarely
- ☐ Never

Is there more than one person engaged in play or training with your pet?

- ☐ Yes
- ☐ No

Mental State (Domain 5)

a. How would you describe your pet's overall mood?

- ☐ Happy and content
- ☐ Alert and curious
- ☐ Anxious or fearful
- ☐ Depressed or withdrawn
- ☐ Other (please specify): _____

b. Does your pet show signs of stress (e.g. pacing, excessive licking, whining, rolling head movements)?

- ☐ Never
- ☐ Occasionally
- ☐ Often
- ☐ Always
- ☐ Only in specific situations (please describe):

c. How does your pet respond to new environments or situations?

- ☐ Adaptable (quickly adjusts)
- ☐ Cautious but adjusts eventually
- ☐ Stressed or fearful
- ☐ Excited and curious
- ☐ Other (please specify):

d. Does your pet enjoy being around people?

- ☐ Loves being around people
- ☐ Prefers some people over others
- ☐ Tolerates people but prefers to be alone
- ☐ Avoids people

Additional Comments

Is there anything else you would like to share about your pet's welfare or behaviour?

Thank you for completing this survey. Your responses will help us better understand your pet's needs and provide tailored advice and support.