**Initial Behaviour Consult Questionnaire (Canine)**

**Date survey filled:**

**Filled by:**

**Pet-Owner Information:**

**Names:**

**Address:**

**Mobile:**

**Email:**

**How did you hear about us**:

**Please note, consults are recorded for clinical/teaching purposes.**

**Animal Information:**

**Name:**

**Weight:**

**Breed:**

**Date of Birth/Age:**

**Gender & de-sexing status:**

**Primary behavioural concern (e.g. anxiety, aggression):**

**Veterinary Information:**

**Primary Veterinary Clinic (we will obtain history and send a report):**

**Referring Veterinarian:**

**Previous Behaviour Training/Veterinary Behaviour providers:**

**Previous Veterinary specialist care:**

**Do you give permission for us to source histories from the above: YES/NO**

**Patient History:**

1. **At what age did you acquire your dog?**
2. **From where did you acquire them?**
3. **What were they like at that time?**
4. **Please provide any information you have re: parents & littermates:**
5. **Why did you choose your dog (individual, breed, size, etc)?**
6. **Are their vaccines up to date?**
7. **Do they have any medical conditions? (please list)**
8. **Do they have any chronic pain (e.g. arthritis, dental pain)?**
9. **Do they have chronic or frequent gastrointestinal upset?**
10. **Do they have chronic or frequent skin disease?**
11. **Are they on any medications for these conditions? (please list)**
12. **How do the above conditions affect behaviour?**
13. **What behavioural medications or supplements have they taken? (please list)**

**Daily Life - Routine/Management:**

1. **Describe your human family structure (name/age/occupation):**
2. **Describe your animal family structure (species/age/time in family):**
3. **Describe your dog’s relationship with above family members (human/other):**
4. **What percentage of time does your dog spend Inside/Outside?**
5. **What parts of the house and yard can your dog access?**
6. **How many hours/day and days/week does your dog spend alone?**
7. **How much exercise (hours/day and days/week) does your dog get?**
8. **What types of exercise (e.g. on/off-leash, dog park, swimming, play, etc)?**
9. **What effect does exercise have on your dog’s energy and behaviour?**
10. **What kind of play/toys does your dog enjoy?**
11. **Describe your dog’s food drive (weak, moderate, strong):**
12. **Do you use any forms of food toy or puzzle?**
13. **What does your dog eat?**
14. **When, where and how do you feed your dog?**
15. **Where does your dog sleep?**
16. **How well does your dog sleep?**
17. **What training has your dog had?**
18. **What socialisation did your dog experience (before 14 weeks of age)?**
19. **Did they attend puppy school?**

**Primary concern:**

1. **What is your primary behavioural concern?**
2. **Describe the behaviour in detail (what they do/body language):**
3. **List known triggers (people, animals, places, sounds, etc):**
4. **How often does it occur (time per day, week, month):**
5. **How long does the behaviour last?**
6. **How long until they fully recover?**
7. **How intense is the behaviour (mild, moderate, severe)?**
8. **When did the behaviour start?**
9. **How has the behaviour changed since that time?**
10. **What have you done in attempt to modify or prevent the behaviour?**
11. **What was your pet’s response to the above attempts?**
12. **Why do you think your pet is displaying this behaviour?**
13. **Why are you seeking assistance now?**
14. **What is your goal? (what would you like them to do instead?)**

**If safe, please provide multiple short (less than 1 minute) videos of the behaviour**

**Secondary concerns:**

**Please list other behaviours of concern:**

**(These will be addressed in future, as required)**

**Other Behaviours:**

1. **Does your dog show signs of distress during separation or prior to your departure (e.g. barking, house-soiling, escape, destructive behaviours)?**
2. **Do you have issues with house-soiling or toilet training (urine or faeces)?**
3. **Does your dog bark excessively (excessive frequency/intensity/duration)?**
4. **Do you have any issues with aggression toward:**
* **familiar people?**
* **unfamiliar people?**
* **familiar animals?**
* **unfamiliar animals?**
* **children?**
1. **Does your dog react fearfully towards noises (e.g. thunder, fireworks)?**
2. **Does your dog have any specific fear/anxiety (e.g. vet, groomer, car)?**