



Client Questionnaire

Case Information:

Animal Name:

Breed:

Age:

Sex:

General History:

Acquired from:

Medications:

Age acquired:

Environmental History: (Shelter? Multiple homes? Apartment? Etc.)

Surgeries (include spay/neuter):

Prior illnesses:

Diet:

Other animals in household:

Human household members: Please list names of all household/family members (include ages of children where pertinent).

Aggression history: (check all that apply)

Dog-Dog Aggression

Dog-Human Aggression

Other animal aggression

Primary behavior complaint:

Other behavioral complaints: (please add any other problem or nuisance behaviors)

Have you worked with a veterinarian to rule out medical problems?



Current Management:

Feeding:

When and where is dog fed? How many times per day? Which family members, friends, house sitters, dog walkers, etc. typically feed dog?

Does dog guard its food bowl or feeding area (growl, snarl, etc. if approached while eating) from any humans? Other dogs?

Enrichment & Exercise:

Does dog use chew toys such as bones, antlers, bully sticks, rawhides, etc.? If so, how often?

Does dog use interactive toys such as Kong, Busy Buddy, Buster Cube, etc.? If so, how often?

Does dog guard (growl, snarl, etc.) its toys from any humans? Other dogs?

Does dog go for walks on-leash? How often?

Does dog go for walks off-leash? How often?

Does dog have access to a yard/fenced property? Is there a dog door?

How much time is spent outside?

Does dog go to off-leash dog parks &/or doggie day-care? How often?

Does dog regularly interact with dogs other than immediate family dogs? How often?



Training History:

Does dog reliably perform any obedience cues? (E.g. sit, down, stay, heel, come when called)

What is dog's training experience? (No training, puppy/beginner class, private training, Canine Good Citizen, trained at home by family, sport/agility/gun-dog training, etc.)

What types of training equipment have been used?

Body Harness

Front-clip Harness

Head Halter

Choke Chain

Prong Collar

Treats

Clicker

Electronic Collar

Retractable Leash

Other _____

Is your dog crate-trained (enters willingly, comfortable alone for at least 30 minutes)?

Is your dog been fully house-trained? (No accidents for at least 1 month)

Does your dog ever urinate due to:

Excitement

Fear

Nervousness/Anxiety

Separation Anxiety History:

At what age was the separation related behavior first observed?

How often does the behavior currently occur?



Were there any specific events or circumstances that seemed to trigger the onset of separation issues?

Circle any behaviors that regularly occur when you prepare to leave the home

Shadowing (following closely)

whining/barking

Pacing

panting

eyes darting

Other _____

Describe your typical routine when leaving the home

Describe your dog's behavior as you leave & right after leaving the home (include as much info as you know, including if dog has urinated/defecated, vomited, destroyed objects, etc.)

Describe your dog's reaction when you return home

Has your dog ever, chewed on and/ or escaped from kennel, doors, or windows in your absence?

Has your dog ever injured itself trying to escape when you are gone?

How does your dog respond when left with friends/family members?

How does your dog respond when left with other dogs/pets?



How does your dog respond when riding in the car/when left in car briefly?

Additional information

Response to behavior: Please describe what you've already tried to help address the issue. What has been helpful? What has not worked as well?

What is your ideal vision of how your dog should behave within your family?

What is the minimum behavior change that must happen for the dog to be successful in your home?

What else would you like me to know about your dog, your family and your concerns?