



## 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?

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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

**Behavior Incident History:**

Please describe the primary complaint behavior in detail. Include the age at which the problem behavior was first observed, and its current frequency.



Describe any known situations or contexts you have noticed that the problem behavior is likely to occur? (For example, when guests arrive, when children are present, morning/evenings, when specific family members are present OR absent, cold weather, etc.)

List any known scenarios where this problem behavior usually does not occur

Have there been any aggressive incidents associated with the problem behavior?

If so, what level of injuries, if any, have occurred? (Mark all that apply)

- Warning signals (growl, snarl, snap) - Dog did not make contact at all
- Contact, but no visible mark
- Red mark or small bruise that faded within a day or two
- Small, shallow puncture, no stitches
- Tearing of skin requiring stitches, treated and released
- Deep bruising

Other: \_\_\_\_\_

### **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?