



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)?

House soiling/housetraining History

Has your dog been fully house-trained, now or in the past? (No accidents for at least 1 month)

When did house soiling start?

How frequently do house soiling incidents occur on average?

Does your dog ever use an 'approved' indoor potty spot such as potty pads, potty patch, etc.?

Where in the home does house soiling regularly occur?

Does house soiling occur while you are home? While you are away from home? Both?



Does your dog ever eliminate due to:

Excitement

Fear

Nervousness/Anxiety

What does your dog do right before eliminating? (For example, sniff ground, walk slowly, turn in tight circles, sneak out of room, etc.)

Are there certain situations or contexts you have noticed that soiling is more likely to occur? (For example, after guests have been in home, when children are present, when specific family members are present OR absent, during rain, snow, cold weather, etc.)

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?