

## WOOF PET WELLNESS RESORT- BEHAVIOURAL

### CANINE BEHAVIOUR CONSULTATION QUESTIONNAIRE

#### General Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Postal code: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

#### Pet Information:

Pet's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Sex: M MN F FS Date Neutered/spayed: \_\_\_\_\_

Where did you obtain this pet? Breeder/Rescue (if applicable): \_\_\_\_\_

Describe previous home/homes (if known): \_\_\_\_\_

For what purpose was your pet obtained? \_\_\_\_\_

Briefly describe your dog's personality (e.g.; quiet, confident, excitable, unruly, bold, stubborn, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### PRINCIPLE COMPLAINT

What is the primary problem? (aggressive, destructive, house soiling, barking, etc.) \_\_\_\_\_

How would you describe the severity of this problem? (circle one) Mild, Moderate, Severe.

Please answer all the following:

When did the problem begin? \_\_\_\_\_

What age was your pet when this problem started? \_\_\_\_\_

What do you think caused the problem? \_\_\_\_\_

Describe the problem, beginning with the most recent incident: \_\_\_\_\_

\_\_\_\_\_

Describe previous incidents: \_\_\_\_\_

Describe the first incident: \_\_\_\_\_

How often does the problem occur? \_\_\_\_\_

Has there been a recent change in frequency or severity? Y/N. If yes, describe: \_\_\_\_

\_\_\_\_\_

Describe any changes in the home or the pet's health when the problem first started: \_\_\_\_\_

What has been done so far to try to correct the problem? \_\_\_\_\_

\_\_\_\_\_

What has been the dog's response? \_\_\_\_\_

List any techniques that have been successful: \_\_\_\_\_

List any techniques that have made the problem worse: \_\_\_\_\_

List any drugs (include dosage) tried so far, and the dog's response to the medication: \_\_\_\_\_

\_\_\_\_\_

List any other dietary treatments, supplements, or remedies and the dog's response: \_\_\_\_\_

\_\_\_\_\_

### MISCELLANEOUS

(please answer any of the following)

Disobedient: Jumps up (owners) Y/N, Jumps up (strangers) Y/N, Won't come when called Y/N, Nips/grabs with mouth Y/N, Only listens when feels like it Y/N, On furniture where not allowed Y/N, In rooms where not permitted Y/N

Exploratory: Normal \_\_ Infrequent \_\_ Increased \_\_ Excessive \_\_

Activity: Normal \_\_ Lazy/inactive \_\_ Restless/will not settle \_\_ Highly active \_\_

Sleep: Normal \_\_ Increased \_\_ Less frequent \_\_ Restless sleep \_\_ Night walking \_\_

Stool eating: Y/N. If yes, own stool \_\_ other dogs \_\_ cats \_\_ other \_\_

Garbage raiding: Y/N. Food stealing: Y/N. Eats non-food items (pica) Y/N. Licks objects Y/N

If yes to any of above describe: \_\_\_\_\_

\_\_\_\_\_

Destructive: Chewing Y/N. Digging Y/N. Other: \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Grooming: Normal grooming Y/N. Excessive grooming/licking Y/N. Self-injurious \_\_

If there is abnormal grooming, describe: \_\_\_\_\_

Repetitive/compulsive/unusual activity: Tail chasing \_\_ Sucking \_\_ Star gazing \_\_

Fly chasing \_\_ Light chasing \_\_ Staring \_\_ Other: \_\_\_\_\_

If yes to any of the above, describe: \_\_\_\_\_

Chasing Y/N. If yes, describe: \_\_\_\_\_

Hunting/predation Y/N. If yes, describe: \_\_\_\_\_

Sexual habits: Masturbation Y/N, Mounting Y/N, Roaming/running away Y/N

Describe any undesirable habits: \_\_\_\_\_

Vocalization: Barking Y/N, Howling Y/N, Whining Y/N

If yes, describe: \_\_\_\_\_

Anxiety/fear: \_\_\_\_\_

Noise sensitivity Y/N. If yes, describe: \_\_\_\_\_

Phobic/excessive fear or panic Y/N. If yes, describe: \_\_\_\_\_

Shyness/timidity (non-aggressive) e.g. ears back, cowering, tail tucked, shaking, retreating, hiding, etc. Y/N

If yes, describe any situations not discussed previously where your dog is fearful or overly anxious: \_\_\_\_\_

How long after exposure to these events does your dog settle down (ie. Back to normal) ? \_\_\_\_\_

Additional problems or comments: \_\_\_\_\_

### THE HOME ENVIRONMENT

Type of food: How often is your pet fed? \_\_\_\_\_

When fed? Type of treats? \_\_\_\_\_

How often do you give treats? When do you give treats? \_\_\_\_\_

List any supplements: \_\_\_\_\_

List all other pets, including species, breed, age and sex: \_\_\_\_\_

Describe how your pets get along with each other:

List each family member living in the home (include age and sex of the children):

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Describe briefly how your pet gets along with each family member including any problems: \_\_\_\_\_

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What is your dog's favourite reward? \_\_\_\_\_

Other than food; what rewards (e.g. toy, affection) would be most enticing to your dog? List the top five: \_\_\_\_\_

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#### DAILY ACTIVITIES AND ROUTINE

Type of exercise/play: \_\_\_\_\_

Who exercises/plays? \_\_\_\_\_

How often/how long is play? \_\_\_\_\_

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Favourite game(s): Favourite toy(s): \_\_\_\_\_

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Where is your dog's favourite sleeping spot? \_\_\_\_\_

Where does the dog sleep at night? \_\_\_\_\_

Have you ever used a crate for confinement? Y/N If yes, describe crate and location: \_\_\_\_\_

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Describe the dog's reaction to being crated? \_\_\_\_\_

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Do you still use a crate? Y/N. If no, when and why did you stop? \_\_\_\_\_

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Briefly describe the usual daily schedule for the family: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **TRAINING**

Has this pet had obedience training? \_\_\_\_ Class \_\_\_\_ Private Instruction \_\_\_\_

I trained my pet at home myself. \_\_\_\_\_

Describe training classes your dog has had (including trainer's name if applicable):

\_\_\_\_\_

Type of training collar used. Dog's response to collar? Success rate (1-5; 1=poor, 5=good): Neck collar Y/N. If yes, indicate type: \_\_\_\_\_

Remote collar Y/N. If yes, indicate type (shock, citronella, beep etc.) \_\_\_\_\_

Head halter Y/N. If yes, indicate type: \_\_\_\_\_

Body harness Y/N. If yes, indicate type: \_\_\_\_\_

What training was most successful? (reward based/assertive) \_\_\_\_\_

What type of training was least successful? \_\_\_\_\_

Describe your dog's learning ability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List family member(s) with most control: \_\_\_\_\_

List family member(s) with least control: \_\_\_\_\_

For each of the following use a scale of 1 (poor) to 5 (excellent) to indicate how your dog responds.

1. Sit: \_\_\_ Sit/stay 1 minute: \_\_\_ Sit/stay 5 min: \_\_\_ Sit/stay 10 min: \_\_\_
2. Down: \_\_\_ Down/stay 1 min: \_\_\_ Down/stay 5 min: \_\_\_ Down/stay 10 \_\_\_
3. Come (indoors): \_\_\_ Come (outdoors): \_\_\_ Come (park): \_\_\_
4. Heel- with no distractions: \_\_\_\_\_ Heel- with distractions: \_\_\_\_\_
5. Give/drop: \_\_\_\_\_

Does your dog know any tricks? Y/N. List/explain: \_\_\_\_\_

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Can you get your dog to settle on command? Y/N. If yes, describe: \_\_\_\_\_

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### PUNISHMENT

Have you ever used any of the following for punishment or training?

1. Physical punishment: Y/N. Dog's reaction? \_\_\_\_\_
2. Noise punishment (shaker can/siren/horn): Y/N. Reaction: \_\_\_\_\_
3. Ultrasonic: Y/N. Dog's reaction? \_\_\_\_\_
4. Water sprayer: Y/N. Dog's reaction? \_\_\_\_\_
5. Verbal reprimands: Y/N. Dog's reaction? \_\_\_\_\_
6. Physical handling: Muzzle grasp: Y/N. Reaction? \_\_\_\_\_
7. Time-out: Y/N. Reaction? \_\_\_\_\_
8. Booby traps/repellants: Y/N. Reaction? \_\_\_\_\_

What punishment is most effective? \_\_\_\_\_

Does any punishment make the problem worse? Y/N. If yes, describe: \_\_\_\_\_

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Has punishment ever led to threatening behaviour and/or aggression? Y/N.

Explain: \_\_\_\_\_

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Does your dog respond differently to punishment from different family members?  
Y/N. If yes, describe: \_\_\_\_\_

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HANDLING

How does the dog react to the following types of handling:

Nail trimming? Ear cleaning? \_\_\_\_\_

Brushing? Bathing? \_\_\_\_\_

Rubbing belly? Patting head? \_\_\_\_\_

Grabbing collar? Being lifted? \_\_\_\_\_

Rolling over? Teeth brushing? \_\_\_\_\_

Giving pills? Giving liquid medications? \_\_\_\_\_

Hugging/kissing? \_\_\_\_\_

MEDICAL SCREEN

Appetite: Normal \_\_\_ Voracious \_\_\_ Decreased \_\_\_ Picky \_\_\_ Increased \_\_\_

Does your pet have any arthritis or other painful conditions? Y/N. If yes, describe:

\_\_\_\_\_  
\_\_\_\_\_

Have you noticed any deficits in your pet's senses? Y/N. If yes, describe: \_\_\_\_\_

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Does your pet drink or urinate excessively? Y/N. If yes, describe: \_\_\_\_\_

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Stools: Normal \_\_\_ Constipation \_\_\_ Less frequent \_\_\_ More frequent \_\_\_ Soft

Urine: Normal \_\_\_ Infrequent \_\_\_ More frequent \_\_\_ More volume \_\_\_

Does your pet have normal eating and bowel movements? Y/N. If no, describe:

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Does your pet have any other medical problems? Y/N. If yes, describe: \_\_\_\_\_

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Is your pet presently on any medication? Y/N. If yes, please list (include name dosage, duration): \_\_\_\_\_

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Has your pet had any laboratory tests (blood, urine, X-rays, etc.)? Y/N. If yes, indicate any abnormal findings: \_\_\_\_\_

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#### DEPARTURE BEHAVIOUR SCREENING

When you go out is your dog confined or crated? Y/N. If yes, indicate if crated or what areas are restricted: \_\_\_\_\_

How long is the dog left alone on the average day? \_\_\_\_\_

At what time of day is your dog left alone? \_\_\_\_\_

How does your dog react when you are prepared to leave? \_\_\_\_\_

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Has your dog ever been left at a kennel, veterinary office, or with a friend/relative? Y/N. If yes, describe your dog's reaction: \_\_\_\_\_

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Is the dog ever left when outdoors? Y/N. How often? How long (average) and where is the dog left when outdoors? \_\_\_\_\_

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How does your dog react to being left alone outdoors? \_\_\_\_\_

Does your dog exhibit any behaviour problems when you leave it alone? Y/N.

If no, proceed to Reactivity below. If yes, please continue to answer the following questions. Describe your dog's behaviour when left alone at home (list problems and how long after departure they occur): \_\_\_\_\_

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Does the behaviour differ depending on the length of time or time of day left alone? \_\_\_\_\_

How does your dog react at the time of departure (as the last person prepares to leave)? \_\_\_\_\_

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Does the behaviour differ depending on who is the last to leave? \_\_\_\_\_

What is the dog's reaction at homecomings? \_\_\_\_\_

Have you ever left the dog alone in the car? Y/N. If yes how did they react? \_\_\_\_\_

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## REACTIVITY

Indicate how your dog reacts to each of the following: (check all that apply)

Familiar dogs on property: Calm \_\_\_ Excited \_\_\_ Indifferent \_\_\_ Fearful \_\_\_ Friendly \_\_\_ Aggressive \_\_\_

Familiar dogs off property: Calm \_\_\_ Excited \_\_\_ Indifferent \_\_\_ Fearful \_\_\_ Friendly \_\_\_ Aggressive \_\_\_

New dogs on property: Calm \_\_\_ Excited \_\_\_ Indifferent \_\_\_ Fearful \_\_\_ Friendly \_\_\_ Aggressive \_\_\_

New dogs off property: Calm \_\_\_ Excited \_\_\_ Indifferent \_\_\_ Fearful \_\_\_ Friendly \_\_\_ Aggressive \_\_\_

Strangers outside on property: Calm \_\_\_ Excited \_\_\_ Indifferent \_\_\_ Fearful \_\_\_ Friendly \_\_\_ Aggressive \_\_\_

Strangers off property: Calm \_\_\_ Excited \_\_\_ Indifferent \_\_\_ Fearful \_\_\_ Friendly \_\_\_ Aggressive \_\_\_

Strangers arriving indoors: Calm\_\_ Excited\_\_ Indifferent\_\_ Fearful\_\_ Friendly\_\_ Aggressive\_\_

Car rides: Calm\_\_ Excited\_\_ Indifferent\_\_ Fearful\_\_ Friendly\_\_ Aggressive\_\_

Thunderstorms/fireworks: Calm\_\_ Excited\_\_ Indifferent\_\_ Fearful\_\_ Friendly\_\_ Aggressive\_\_

Other loud noises (e.g., shouting): Calm\_\_ Excited\_\_ Indifferent\_\_ Fearful\_\_ Friendly\_\_ Aggressive\_\_

### AGGRESSION SCREEN

Is aggression the primary reason for your visit? Y/N

Has your dog ever displayed any: Threatening displays? \_\_ Growling? \_\_

Bite attempts? \_\_ Bites? \_\_

When was the most recent attempt to bite or threaten? \_\_\_\_\_

If yes, has this problem been entirely resolved? \_\_\_\_\_

#### **Situations causing aggression:**

Petting/handling/restraint: growled \_\_ attempted to bite \_\_ bitten \_\_

no aggression\_\_

If yes, describe: \_\_\_\_\_

Eating food or treats: growled \_\_ attempted bite\_\_ bitten\_\_ no aggression\_\_

If yes, describe: \_\_\_\_\_

Chewing toys/stolen objects: growled\_\_ attempted bite\_\_ bitten\_\_ no aggression

If yes, describe: \_\_\_\_\_

Waking up: growled\_\_ attempted bite\_\_ bitten\_\_ no aggression\_\_

If yes, describe: \_\_\_\_\_

If there have been no signs of aggression (growl, bite attempts, biting) or if it has been entirely resolved, then proceed to the next page.

What is the potential for injury: a) none/preventable\_\_ b) minimal\_\_ c) moderate

Is the problem serious enough that you will be unable to keep your pet if it is not improved? Y/N

Is your dog ever aggressive to members of the immediate family? Y/N. If yes, who? \_\_\_\_\_ Describe: \_\_\_\_\_

Is your dog ever aggressive to visitors to your home? Y/N. Were the people known, strangers, or both? (circle one) Describe: \_\_\_\_\_

Is your dog aggressive to people when off property? Y/N. Were the people known, strangers or both? (circle one) Describe: \_\_\_\_\_

Is there a particular person or type (age, sex, uniforms, ethnicity) that your dog is most likely to threaten or bite? \_\_\_\_\_

Is there a particular location or situation where aggression is most likely to occur?

Has your dog ever bitten hard enough to break skin or cause injury? Y/N. If yes, describe: \_\_\_\_\_

Describe situations where your dog barks, threatens, or growls, but does not bite:

Does your dog ever display aggression to other animals? Y/N. If yes, what animals, and describe: \_\_\_\_\_

When your dog threatens or attempts to bite, how do you handle the situation and what is the dog's reaction? \_\_\_\_\_

After your dog has bitten how do you handle the situation and what is the dog's reaction? \_\_\_\_\_

How would you describe your dog's attitude at the time of the aggression? (bold, protective, outgoing, fearful, etc.) \_\_\_\_\_

How would you describe your dog's expression and posture at the time of the aggression? (cowering, ears pinned back, tail tucked, hackles raised, retreating, hiding) \_\_\_\_\_

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Thank you for your co-operation in filling out this assessment as best as you can. Any information however trivial can be key in helping your pet.

Lillian Campbell