

Canine Behaviour Questionnaire

LANGFORD ANIMAL BEHAVIOUR CLINIC

The questionnaire may seem rather detailed, but as I am sure you can appreciate, the development of behaviour problems can be extremely complex, and a lot of information is sometimes required in order to make an accurate diagnosis. Obviously, not every aspect of the questionnaire will be relevant to your pet's problem, so do not worry about leaving blank those sections that are not applicable to your situation.

General Information

Date:

Name:

Address:

Home phone number:

Cell phone number:

Email:

Veterinarian's Name:

Veterinary Clinic:

Clinic's phone:

Clinic's email:

Pet Information

Pet's Name:

Date of birth or estimated age:

Breed:

Colour:

Sex: Neutered? At what age neutered?

Age at adoption:

Adopted from:

Home environment

(This section provides general information on your dog's environment and routine)

Please list all family members, including age, their level of interaction with your dog, and how your dog responds to each one:

Please list other people that your dog may interact with (e.g., dog walker or a trainer):

Small Animal Referral Hospital, Langford Vets, Langford House, Langford, BS40 5DU

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Please list all pets at home, their species and breeds, and how your dog interacts with them:

Please describe when your dog stays home alone, how long, and where:

Briefly describe where your dog sleeps (both during the day and at night):

Briefly describe your dog's feeding routine including location, times, appetite, and type of bowl:

Do you use treats or chews (e.g., Kong toys, rawhide, bones, or antlers)?
If yes, briefly describe when, and your dog's favourite treats or chews:

Is your dog fully house trained?
If no, please describe:

What is your dog's favourite elimination place?

Is your dog allowed on furniture (e.g., bed, sofa, or chairs)?
If not, what do you do if you find your dog on furniture?

Do you limit your dog from certain areas in the house?
If yes, please describe where and why:

Interactions:

Please describe your dog's exercise including walks (time, duration, and location):

Please describe your dog's favourite play, game or toy:

Can you safely handle your dog (e.g., brushing, wiping feet, placing harness or collar, and administering medication)?

Do you train your dog (alone or with a trainer)?
If yes, please briefly describe:

Please list the commands your dog knows, and the degree of responsiveness (e.g., responds sometimes, only with treats, or always):

Your dog's health:

Does your dog have any current medical problems to your knowledge?

Do you know of any previous medical problems?

Is he/she on any current medication, herbal or homeopathic remedies?

Your dog's main behaviour problem(s):

(If your dog has more than one problem, please list them all separately from the most to least concerning to you)

Please describe the problem(s):

When did this behaviour first start? If possible, describe the first incident.

Can you describe the last incident, and when did it occur?

When does the behaviour usually occur? Is it in any particular circumstances?

On average, how frequently does the problem occur?

Do you think it is becoming more frequent, less frequent, or staying about the same?

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Describe where the behaviour occurs? Is it always in the same place?

Who is usually present at the time?

If your pet is an intact bitch, is the behaviour related to her seasons?

Do any related dogs (e.g., parents or siblings) have similar problems?

Have there been previous attempts to manage this problem?

If yes, please describe, including training, tools, medication, or other options:

Has any treatment method improved or aggravated the situation?

Have you considered removing your dog from the home if the problem cannot be improved?

Reactivity:

Please describe briefly how your dog reacts to each of the following situations. Please leave blank if you answered it above:

Familiar people (including children) arriving at the home:

Unfamiliar people (including children) arriving at the home:

Going for a walk:

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Meeting familiar people (including children) on walks:

Meeting unfamiliar people (including children) on walks:

Meeting familiar dogs on walks:

Meeting unfamiliar dogs and other animals on walks:

Fast moving objects such as skateboards, cyclists, or joggers:

Traffic (sounds and movements):

Car rides:

Loud noises (e.g., thunders, fireworks, vacuum cleaner, or other sudden loud sounds):

New environments / locations:

Changes in routine:

Being left alone at home:

How long it takes your dog to settle down once he/she reacted to any of the above situations?

Abnormal and repetitive behaviours:

These are behaviours that your dog may display in a repetitive manner and out of context. Specific behaviours may appear normal; however, it is important to consider the duration, frequency, and intensity of the behaviour.

Does your dog spin, circle, or chases its tail?

Does your dog lick excessively? (e.g., itself, you, surfaces or objects)

Do you see frequent lip licking, yawning, head and body shakes, stretching, grinning, or sneezing?

Does your dog follow you around the house constantly?

Does your dog spend long periods of time observing the street from the windows?

Do you notice any hallucinatory behaviours? (e.g., snapping at imaginary flies, shadow chasing, stargazing, chasing lights / reflections, or digging at reflections / shadows)

Does your dog show excessive gulping, air sucking, or drinking?

What are your long-term expectations with regards to your dog's behaviour?

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