



Behaviour Counselling

Client Questionnaire



Please complete this questionnaire as accurately as you can. *The information you supply will be kept in the strictest confidence.*

Pages 1 and 2 of the questionnaire should be completed by everyone. Page 3 is for dog owners only and page 4 for cat owners. When answering a question such as *Often / Sometimes / Never*, please underline or circle the most appropriate answer.

When answering a boxed () question, please tick the appropriate box(es).

If you wish to supply more information than the form allows, please write on the back of the form.

Owner's Name Date

Address

Post Code

Telephone Numbers Day Evening Mobile

e-mail Please circle preferred method of contact and state preferred times

Pet's Name Species/Breed

Size/Weight Age/Date of Birth Sex Male Female Neutered/Spayed

Age of Acquisition Where did you get the animal from?

Where is your home? *City / Suburbs / Country* How many persons in household? Age(s) of child(ren)

Occupation(s) of adults in family

Other animals in your household

Your pet's diet:

Please describe your pet's diet during a typical day. Give brand names of all commercial diets and treats used and details of any nutritional supplements that you add to the meals. Please include the times of day that your animal is fed and given treats.

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	<u>YES</u>	<u>NO</u>
Do you consider your pet to be a member of the family?	<input type="checkbox"/>	<input type="checkbox"/>
Can your pet sleep on family members beds?	<input type="checkbox"/>	<input type="checkbox"/>
Is your pet allowed on the furniture?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone take your pet with them on short errands?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take your pet with you on holidays, if you can?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone share food with your pet during family mealtimes?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone share snacks with your pet?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone talk to your pet at least once a day?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone talk to your pet about important issues?	<input type="checkbox"/>	<input type="checkbox"/>
Is your pet aware of yours or someone elses moods?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or is anyone else aware of your pet's moods?	<input type="checkbox"/>	<input type="checkbox"/>
Do you keep photographs or videos of your pet?	<input type="checkbox"/>	<input type="checkbox"/>
Does your household celebrate your pet's birthday?	<input type="checkbox"/>	<input type="checkbox"/>

Everyone – please answer the questions on this page

Please list any medical conditions your animal suffers from along with any ongoing treatment

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Your Vet’s name & practice

When did your pet’s behavioural problems first appear and was there an apparent cause?

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Are the problems better/worse at different times of day?

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Describe your pet’s behavioural problems (include any factors that make the problems better/worse)

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Please continue on the back of this form if necessary

Dog Owners – please answer the questions on this page

Number of walks per day? How long is each walk? Who walks the dog?

During a walk, how often does your dog play with other dogs? *Often / Sometimes / Never*

During a walk, how often do you let your dog off the lead? *Often / Sometimes / Never / I don't use a lead*

Does your dog have its own bed? *Yes / No* If YES, where is it situated?
Does your dog use it? *Yes / No*

	<u>YES</u>	<u>NO</u>
Do you obedience train at home?	<input type="checkbox"/>	<input type="checkbox"/>
Using food titbits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you obedience train at a class?	<input type="checkbox"/>	<input type="checkbox"/>
Using food titbits?	<input type="checkbox"/>	<input type="checkbox"/>
The dog is...		
Nervous	<input type="checkbox"/>	<input type="checkbox"/>
Underactive	<input type="checkbox"/>	<input type="checkbox"/>
Overactive	<input type="checkbox"/>	<input type="checkbox"/>
Pushy	<input type="checkbox"/>	<input type="checkbox"/>
Stubborn	<input type="checkbox"/>	<input type="checkbox"/>
Affectionate	<input type="checkbox"/>	<input type="checkbox"/>
Playful	<input type="checkbox"/>	<input type="checkbox"/>
Obedient	<input type="checkbox"/>	<input type="checkbox"/>

Does your dog sit on command? *Always / Sometimes / Never*

Does your dog lie down on command? *Always / Sometimes / Never*

Does your dog come when it is called? *Always / Sometimes / Never*

Does your dog have any of the following tendencies or behaviours?

Stealing food	<i>Often / Sometimes / Never</i>
Eating excrement	<i>Often / Sometimes / Never</i>
Sexual behaviour towards human beings	<i>Often / Sometimes / Never</i>
Sexual behaviour towards other dogs	<i>Often / Sometimes / Never</i>
Excessive fear reactions	<i>Often / Sometimes / Never</i>
Excessive licking or scratching of fur	<i>Often / Sometimes / Never</i>
Disobedient	<i>Often / Sometimes / Never</i>
Difficult to control	<i>Often / Sometimes / Never</i>
Defending objects against family members	<i>Often / Sometimes / Never</i>
Barks or Growls at strangers	<i>Often / Sometimes / Never</i>
Biting strangers	<i>Often / Sometimes / Never</i>
Aggressive to other dogs	<i>Often / Sometimes / Never</i>
Growls at or Bites family members	<i>Often / Sometimes / Never</i>
Aggressive when petted	<i>Often / Sometimes / Never</i>
Aggressive when brushed	<i>Often / Sometimes / Never</i>
Aggressive when touched	<i>Often / Sometimes / Never</i>
Aggressive when pushed/shoved	<i>Often / Sometimes / Never</i>
Aggressive when reached for or picked up	<i>Often / Sometimes / Never</i>
Aggressive when threatened	<i>Often / Sometimes / Never</i>
Aggressive when punished	<i>Often / Sometimes / Never</i>
Aggressive when disturbed while sleeping/resting	<i>Often / Sometimes / Never</i>
Aggressive when eating	<i>Often / Sometimes / Never</i>
Urinating in the home	<i>Often / Sometimes / Never</i>
Defaecating in the home	<i>Often / Sometimes / Never</i>
Destructive in the home	<i>Often / Sometimes / Never</i>
Excessive whining, barking, howling, etc.	<i>Often / Sometimes / Never</i>
Roaming away from home	<i>Often / Sometimes / Never</i>
Destructive in the garden	<i>Often / Sometimes / Never</i>

Cat Owners – please answer the questions on this page

What access does your cat have to the outdoors? *Cat-flap / Open door or window / Balcony or rooftop / Not allowed outdoors*

Do you have a litter tray indoors? *Yes / No* If **YES**, where is it situated?

Do you have any toys or furniture for your cat (e.g. scratching pads, balls etc.)

Does your cat have its own bed? *Yes / No* If **YES**, where is it situated?

Does your cat use it? *Yes / No*

		<u>YES</u>	<u>NO</u>
The cat is...	Nervous	<input type="checkbox"/>	<input type="checkbox"/>
	Underactive	<input type="checkbox"/>	<input type="checkbox"/>
	Overactive	<input type="checkbox"/>	<input type="checkbox"/>
	Pushy	<input type="checkbox"/>	<input type="checkbox"/>
	Stubborn	<input type="checkbox"/>	<input type="checkbox"/>
	Affectionate	<input type="checkbox"/>	<input type="checkbox"/>
	Playful	<input type="checkbox"/>	<input type="checkbox"/>
	Independent	<input type="checkbox"/>	<input type="checkbox"/>

Is your cat's behaviour unpredictable? YES NO

If YES, please describe in what way...

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Does your cat have any of the following tendencies or behaviours?

Excessive fear reactions	<i>Often / Sometimes / Never</i>
Excessive licking of fur	<i>Often / Sometimes / Never</i>
Inadequate care of fur	<i>Often / Sometimes / Never</i>
Excessive vocalisation	<i>Often / Sometimes / Never</i>
Scratching of furniture, carpets, etc.	<i>Often / Sometimes / Never</i>
Playful scratching or biting of human beings	<i>Often / Sometimes / Never</i>
Aggressive to family members	<i>Often / Sometimes / Never</i>
Aggressive to strangers	<i>Often / Sometimes / Never</i>
Aggressive to other cats	<i>Often / Sometimes / Never</i>
Aggressive when petted	<i>Often / Sometimes / Never</i>
Aggressive when brushed	<i>Often / Sometimes / Never</i>
Aggressive when touched	<i>Often / Sometimes / Never</i>
Aggressive when pushed/shoved	<i>Often / Sometimes / Never</i>
Aggressive when reached for or picked up	<i>Often / Sometimes / Never</i>
Aggressive when threatened	<i>Often / Sometimes / Never</i>
Aggressive when punished	<i>Often / Sometimes / Never</i>
Aggressive when disturbed while sleeping/resting	<i>Often / Sometimes / Never</i>
Aggressive when eating	<i>Often / Sometimes / Never</i>
Eating house plants	<i>Often / Sometimes / Never</i>
Eating non-edible objects (like wool)	<i>Often / Sometimes / Never</i>
Excessive running through the home	<i>Often / Sometimes / Never</i>
Restlessness	<i>Often / Sometimes / Never</i>
Roaming away from home	<i>Often / Sometimes / Never</i>
Lack of appetite	<i>Often / Sometimes / Never</i>
Urinating in the home	<i>Often / Sometimes / Never</i>
Defaecating in the home	<i>Often / Sometimes / Never</i>
Urine spraying in the home	<i>Often / Sometimes / Never</i>

(27/01/2006)