



Pawsability Pet Behaviour Questionnaire

Please complete this questionnaire as accurately as you can.
 The information you supply will be kept in the strictest confidence
 Email : anna@pawsability.co.uk Tel : 07906 173993

Today's Date		Consult Date if known :	
Your Name....		Your dogs surname with your vet:	
Address:		Your dogs address as registered with the vet, if different:	
Contact Details <i>(Please circle preferred method of contact if you have one)</i>			
Tel. Nos	Day:	Eve:	Mob:
Email:			
How many people are in the household?		Ages of children:	
Where is your home? City / Suburbs / Country?		Occupations of adults:	
What other animals in your household, or regularly visit?			

VET DETAILS	Name	Practice Name:
Address:		

PET DETAILS:			
Name:	Breed / Type:		
Date of Birth:	Age:	At what age did you acquire your pet?	
Sex:	Neutered? Date:	Reason for Neutering?	
Where did the pet come from? e.g. in or outside house, family, bred as pet, farm			
Please describe your pet's diet. Please include Brand and type, Treats and type & Other foods, supplements, human foods etc.			
Please list any medical conditions your animal suffers from along with any ongoing treatment			

Some questions about your pet..... (Y or N in box)	Yes?	No?
Do you consider your pet to be a member of the family?		
Can your pet sleep on family members beds?		
Is your pet allowed on the furniture?		
Does anyone take your pet with them on short errands?		
Do you take your pet with you on holidays, if you can?		
Does anyone share food with your pet during family meal times?		
Does anyone share snacks with your pet?		
Does anyone talk to your pet at least once a day?		
Does anyone talk to your pet about important issues?		
Is your pet aware of yours or someone else's moods?		
Are you or is anyone else aware of your pet's moods?		
Do you keep photographs or videos of your pet?		
Does your household celebrate your pet's birthday?		

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Does your dog have any of the following tendencies or behaviours? (Please put an X in the column, or add more info)			
	Alot	Sometimes	Never
Stealing food			
Eating excrement			
Eat other things they shouldn't?			
Sexual behaviour towards human beings			
Sexual behaviour towards other dogs			
Sexual behaviour towards things			
Excessive fear reactions			
Excessive licking or scratching of fur			
Disobedient			
Difficult to control			
Defending objects against family members			
Barks or Growls at strangers			
Biting strangers			
Aggressive to other dogs			
Growls at or Bites family members			
Aggressive when petted			
Aggressive when brushed			
Aggressive when touched			
Aggressive when pushed/shove			
Aggressive when reached for or picked up			
Aggressive when threatened			
Aggressive when punished			
Aggressive when disturbed while sleeping/resting			
Aggressive when eating			
Urinating in the home			
Defaecating in the home			
Destructive in the home			
Excessive whining, barking, howling, etc			
Roaming away from home			
Destructive in the garden			
Is your dog?			
Nervous			
Underactive			
Overactive			
Pushy			
Stubborn			
Affectionate			
Playful			
Obedient			

About your dogs training.....			
	Alot	Sometimes	Never
Do you obedience train at home?			
Do you use treats to train at home?			
Do you obedience train at a class?			
Do you use treats to train in class?			
Do you use punishment to train at home?			
Do you use punishment to train at class?			
When asked, does your dog?			
Sit			
Lie Down			
Come to you			
Walk to heel			
Leave			
Give			
Pull on the lead			

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More about your dog.....

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?		
During a walk, how often do you let your dog off the lead?		
Does your dog have its own bed?	Where is it situated?	Does your dog use it?

Please summarise your dog's daily routine, as best as you can, including getting up, walks time, feed times, resting time, play, training, at home, with you.... Whatever your dog generally gets up to on a day-to-day or regular basis

Time	Activity

<p>What does your pet LIKE to do e.g. eat, sleep, walk, dig, play, cuddles, chewing..... Put the most liked first & indicate if your pet is obsessive with it</p>	<p>What does your pet NOT like or is scared of e.g. noises, toys, food, wind, cuddles, cats, other dogs, children..... Put the worst first</p>
<p>What is your pet GOOD at e.g. heel, recall, fetch, toilet habits.....</p>	<p>What is your pet NOT VERY GOOD at e.g. heel, recall.....</p>

Please circle the emotions that you feel your dog experiences regularly							
Happy	Sad	Bored	Depressed	Angry	Frustrated	Scared	Ecstatic

Thankyou for your time with this form. Please return it to the address on page 1 as soon as you can.