A business card with a cartoon dog

Description automatically generated**Dog Behaviour Basic Assessment**

**Questionnaire**

**Owner & Dog Information:**

* **Owner(s) Name:**
* **Veterinary Surgeon (if referred):**
* **Address:**
* **Postcode:**
* **Phone Number:**
* **Email Address:**
* **Dog’s Name:**
* **Breed:**
* **Sex:** (M/F)
* **Neutered?** (Yes/No) - If Yes, at what age?
* **Dog’s Age:** (Years/Months)
* **Age when obtained:** (Years/Months)
* **How would you describe your dog’s temperament?**
* **Have you owned a dog before?** (Yes/No) If Yes, which breed(s)?

**Early History**

* **Where did you get your dog from?** (Breeder, rescue, private owner, etc.)
* **How many previous owners has your dog had?**
* **Describe the previous environment(s) your dog has lived in:** (e.g. family home, farm, kennel, with children, other pets, hand-reared)
* **Did you meet one or both parents of your dog?**
* **Where did you meet the parents?** (Family home, breeder’s facility, etc.)
* **Did the mother interact with the puppies in a caring manner?**
* **If adopted from a rescue, how long was your dog there?** What was the reason for rehoming?
* **Why did you choose this breed or individual dog?**

**Health & Medical History**

* **Does your dog have any current or past health problems?**
* **When was your dog last checked for pain-related issues?**
* **Is your dog on any medication, herbal remedies, or supplements?**
* **Has your dog ever been bred?** If yes, please provide details.
* **Is your dog currently on medication for behavioural issues?** If yes, list the medications and dosage.
* **Have you noticed any changes in behaviour since starting medication?**

**Household & Routine**

* **List all household members (names, ages, and involvement with the dog):**
* **Who else is involved in the dog’s care?** (Walkers, groomers, daycare, boarding facilities)
* **Have they reported any issues?**
* **At what age did your dog start attending these services?**
* **List other household pets (species, breed, age, sex, neutered status, and date they joined the household):**
* **Describe the relationship between household pets:**

**Daily Routine:**

* **How long is your dog left alone on weekdays and weekends?**
* **Where does your dog stay when left alone?**
* **Does your dog bark or whine when left alone?** (Yes/No)
* **Does your dog do any of the following when left alone?** (Check all that apply)
* **[ ] Vocalise [ ] toilet inside [ ] engage in destructive behaviour [ ] eat [ ] play with**
* **Have you recorded your dog when alone?** If yes, what did you observe?
* **Where does your dog sleep at night?**
* **Does your dog wake you up at night?**
* **Does your dog have access to toys?**
* **Does your dog have access to a garden? If yes, when?**
* **Where does your dog go to the toilet?**
* **Does your dog urine-mark indoors?**
* **Does your dog follow a specific person around the house?**
* **Describe a typical 24-hour day for your dog:**
* **How does your dog behave during family meals?**
* **Have there been any recent changes in household routine (new job, baby, move, new people, diet change)?** If yes, please describe.

**Favourites & Diet**

* **List five things your dog enjoys most (foods, toys, activities):**
* **What brand/type of food is your dog fed?**
* **What treats does your dog receive and how often?**
* **How many times a day is your dog fed, and at what times?**
* **Are supplements included in your dog’s diet? If yes, describe:**
* **Where is your dog fed?**
* **Who feeds your dog?**
* **Does changing food affect behaviour?**
* **Does your dog show guarding behaviour around food?** (Growling, looking anxious, etc.)

**Exercise & Play**

* **How often and for how long is your dog walked?**
* **Equipment used (circle all that apply):** Collar / Body Harness / Lead / Extending Lead / Head Collar / Muzzle
* **Does your dog go off-lead?** If not, why?
* **Are games or toys included in exercise?** If yes, what types?
* **Who initiates play, you or your dog?**
* **Does your dog interact with other dogs?**

**Training & Behaviour Concerns**

* **Have you attended training classes or worked with a behaviourist?**
* **What advice was given?**
* **Did you receive a written behaviour plan?**
* **Were you happy with the advice?**
* **How old was your dog during training?**
* **What training methods were used (food rewards, corrections, etc.)?**
* **What training equipment was used?**
* **Does your dog:**
  + Come when called? (Yes/No)
  + Drop objects when asked? (Yes/No)
  + Pull on the lead? (Yes/No)
  + Walk to heel? (Yes/No)
* **What commands does your dog know?**
* **How do you correct your dog when they misbehave?**
* **Would you describe your dog’s learning ability as:** (Good / Average / Poor)
* **What tasks will your dog reliably perform on command?** (Sit, Stay, Down, Fetch)
* **Is your dog more obedient in certain situations or with specific people?** If yes, describe.

**Main Behaviour Concerns**

* **Describe the concerning behaviours in order of severity:**
* **When does this behaviour occur?**
* **Is it directed at a specific person?**
* **Who is usually present when it happens?**
* **What happens immediately before?**
* **How do you respond? How does your dog react to your response?**
* **Has there been any trauma or changes in circumstances?**
* **Has the behaviour increased in frequency or severity?**
* **Describe the most recent incident in detail:**

**Has your dog ever bitten a person or dog? If so please explain:**

**Final Questions**

* **Under what circumstances would you consider rehoming or euthanasia?**
* **What are your expectations for change?**
* **Are you committed to working on the issue?**
* **Is there anything else you’d like to share about your dog?**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for completing this form! This will help us understand your dog’s behaviour and provide the best possible support.