

TRAINING & BEHAVIOUR ASSESSMENT

Date: Pet’s Name:

Please complete the questionnaire as accurately as possible. Any information you provide is kept in strictest confidence.

Where relevant, please underline the appropriate answer, or delete as applicable. If detail is requested, please be as accurate as you can. You may be contacted during the times you have indicated for further details before the consultation, if required.

During the period in which we are working together, I do try to keep track of all clients’ progress; however, a successful outcome does really depend on proactivity and keeping me updated. I will always respond to emails or phone calls as quickly as I possibly can and would actively encourage you to get in touch and seek further guidance if you are unsure about any aspect of your training/behaviour modification plan.

Please note that on occasion we may ask for or take photographs/video recordings of your dog to help in the consultation process. If you are happy for us to do this, please tick this box:

# ABOUT YOU

**Owner’s Name:**

**Address:**

**Postal Code:**

**Email:**

**Phone no (Daytime):**  **Phone no (Evening):**

**Please indicate when would be a good time to call you, and which of the above numbers is preferred (if applicable):**

**Please detail who lives in the household, or regularly visits, including names and ages:**

**Occupation(s) of adult owners/carers:**

**How did you hear about our service?**

# ABOUT YOUR DOG

**Dog’s Age / Date of Birth:**

**Dog’s Breed: (if unknown, please enter “mixed”):**

**Sex:** Male / Female

**Is your pet neutered / spayed?** Y / N

**If yes, at what age were they neutered / spayed?**

**Dog’s Size / Weight (if known):**

**How long have you owned / looked after your dog?**

**Where did you get your dog from? (eg. Rescue or breeder? If breeder, please give their name, if possible):**

**How does your dog react to new visitors to the house?**

**Do you have any other dogs in the household? If yes, please give details:**

**How does this dog or dogs react to new visitors to the house?**

**How long ago did you receive a visitor to the house that your dog didn’t know?**

**Have you any other pets in the household? If yes, please give details:**

**Do these pets meet visitors? If yes, how do they react to them?**

**Has your dog lived with any other animals in the past that you no longer have? If yes, please give details:**

**Is this your first dog?**  Y / N

**If No, is this your first dog of this breed/type?**  Y / N

**Please give any details you may have about your dog’s early life prior to living with you, e.g. if they were rescued, any details you have about their previous home, or if from a breeder, what the breeder’s home was like, where the puppies were kept, age of weaning, litter size etc.)?**

# VETERINARY & MEDICAL

**Veterinarian’s name & clinic:**

**Clinic phone:**

**Clinic address:**

**Do you give your consent to us contacting your vet and sharing your dog’s medical and behavioural notes, if deemed necessary?** Y / N

**Does your dog have any allergies, that you know of? (i.e. certain foods, grass, pollen etc.) If yes, please give details:**

**Was your dog currently undergoing any treatment when the behaviour first appeared?** Y / N

**If yes, please give details:**

**Has your dog had a full clinical check since the behaviour started?**  Y / N

**If yes, what was the outcome?**

**Did the vet take blood tests?** Y / N

**If yes, what were the results?**

# DIET

**What brand of food do you feed your dog, if applicable? e.g. James WellBeloved, Burns etc. (If raw, please give any supplier name, if appropriate):**

**Is this a dry or wet food?**

**What is the product? (e.g. ‘Puppy’, Chicken & Rice… or, if your dog is raw fed, what meat types do you give?**

**At what times do you feed your dog?**

**Where is your dog fed?**

**Who feeds him / her?**

**How is your pet fed? (e.g. standard bowl, slow feeder bowl, hand fed, in a kong or toy, scatter feeding etc.)**

**Will he / she eat if you are not there?**

**Does he / she eat quickly?**

**Do you give your dog treats? And if yes, what and when?**

# GENERAL CARE

**Who feeds, walks, trains and plays with the dog?**

**Do you groom your dog?** Y / N

**Where does your dog sleep?**

**If you are on / in bed, will you invite him / her up?**

**Will he / she get off furniture when asked?**

**Does your dog ever wake you in the night?**

**If yes, for what reason?**

# ACTIVITY

**How often do you walk your dog?**

**For how long?**

**Do you let your dog off lead, and if yes, how long for?**

**Does your dog pull on the lead?**

**How much time would you roughly estimate your dog spends exercising per day? (Note, exercise consists of both play at home/out of the home AND walks):**

**If you play with your dog, who initiates the play?**

**What sort of play does your dog enjoy?**

**Please list 3 things your dog enjoys or is motivated by (i.e. cheese, tuggy game, chasing squirrels):**

**How long is your dog left alone at home on an average day?**

# PERSONALITY

**How would you describe your dog's personality? (i.e. shy, nervous, confident, playful, friendly, cuddly, pushy, aggressive etc..)**

**Would you say your dog was frightened of anything?**

**If yes, please give details:**

**If frightened, how does he / she show this?**

# TRAINING TO DATE

**Have you ever undertaken any form of training class with your dog?** Y / N

**If yes, with whom (trainer’s name) and where were these classes?**

**If yes, what age was your dog when you attended these classes?**

**What methods were used in these classes? (e.g. treats, praise, clickers, choke chains, e-collars or prong collars)**

**Have you ever previously undertaken any professional 121 training with your dog with another trainer or behaviourist)?** Y / N

**If yes:**

* **What was the trainer’s / behaviourist’s name?:**
* **For what reasons did you seek this training / behaviour support?**
* **Briefly detail what advice was given:**
* **How did your dog respond to this?**
* **Why have you decided to seek additional help from an alternative source?**

**Please describe any training you are currently doing with your dog:**

**How would you describe your dog’s learning ability?**

**Does your dog struggle to carry out any commands? (e.g. recall)**

**Does your dog obey certain family members more than others?**

**And if so, who?**

**How do you normally correct your dog if he/she misbehaves?**

**How do you reward your dog?**

**Training Aids and Techniques**

**Please indicate below if you have ever used any of the following in training, (whether at your own instruction or a trainer’s) and what your dog’s response was:**

|  |  |
| --- | --- |
| **Equipment / Technique** | **Dog’s Response (if used)** |
| **Neck Collar** |  |
| **Remote Collar (inc. ecollars, shock collar or spray collars)** |  |
| **Head Halter (e.g. Halti)** |  |
| **Body Harness** |  |
| **Water Sprayer** |  |
| **Verbal Reprimands** |  |
| **Physical punishment (e.g. hitting with hand or object such as newspaper, Pinning or Restraining)** |  |
| **Noise Punishment (e.g. shaker can/siren/ “Pet Corrector”)** |  |
| **Enforced “Time Out”** |  |
| **Repellants (e.g. “ChewStopper” Spray)** |  |

# BEHAVIOUR

**Has your dog ever displayed any threatening behavior, snapped or bitten and other dogs or people?**

**If there have been no signs of aggression (growl, bite attempts, biting) or if it has been entirely resolved, please proceed to section ii.**

**If YES, please give as much detail about these occurrences as possible, including dates, environment, why you think this happened, what your dog did, any physical injuries sustained and if so how severe they were.**

**Incidences with dogs:**

**Incidences with people:**

**Please describe in as much detail as possible, any other behavioural issues you may be experiencing with your dog:**

**When did these problems first appear?**

**Do you have any thoughts as to what caused/causes the problem?**

**What has been done so far to try and correct the problem?**

**And what has been your dog’s response to that?**

**What techniques do YOU think have been at all successful?**

**Has your dog been given any drugs (prescribed or otherwise) in an attempt to counter this behaviour? If yes, please give name, dosage and the dog’s response to medication:**

**Is your dog on any other dietary treatments, supplements, or remedies and if yes, what has been the dog’s response?:**

**Does your dog show/ has your dog ever shown any of the following behaviours?
Does your dog have any of the following tendencies or behaviours? Please highlight or delete as necessary.**

|  |  |
| --- | --- |
| Eating excrement (own) | Daily / Weekly / Monthly / Never |
| Eating excrement (other dogs’) | Daily / Weekly / Monthly / Never |
| Excessive fearfulness | Daily / Weekly / Monthly / Never |
| Excessive scratching | Daily / Weekly / Monthly / Never |
| Excessive licking of furnishings / carpets | Daily / Weekly / Monthly / Never |
| Excessive licking of self | Daily / Weekly / Monthly / Never |
| Guarding / aggressive behavior around toys | Daily / Weekly / Monthly / Never |
| Guarding / aggressive behavior around stolen items | Daily / Weekly / Monthly / Never |
| Guarding / aggressive behavior towards people around dog food / bowl | Daily / Weekly / Monthly / Never |
| Guarding / aggressive behavior towards people around human food | Daily / Weekly / Monthly / Never |
| Barking at visitors | Daily / Weekly / Monthly / Never |
| Nipping or biting visitors | Daily / Weekly / Monthly / Never |
| Barking or growling at strangers outside the home | Daily / Weekly / Monthly / Never |
| Nipping or biting strangers outside the home | Daily / Weekly / Monthly / Never |
| Growling at or biting family members | Daily / Weekly / Monthly / Never |
| Growling or biting when groomed | Daily / Weekly / Monthly / Never |
| Growling or biting when touched | Daily / Weekly / Monthly / Never |
| Growling or biting when woken up or disturbed | Daily / Weekly / Monthly / Never |
| Urinating in the home | Daily / Weekly / Monthly / Never |
| Defecating in the home | Daily / Weekly / Monthly / Never |
| Destroying items in the home | Daily / Weekly / Monthly / Never |
| Excessive whining or barking | Daily / Weekly / Monthly / Never |
| Light or Shadow chasing | Daily / Weekly / Monthly / Never |

**Do you have any other behavioural concerns about your dog? Please describe them, even if you don’t think they are relevant:**

**Thanks for your responses**