

PET OWNER BEHAVIOUR QUESTIONNAIRE

Client Code: _____

Owner Details

Name _____

Address _____

State _____ Postcode _____

Phone (business hours) _____

Phone (after hours) _____

Email _____

Referred By: (vet/dog trainer etc) _____

How did you find out about us? _____

How many pets do you have in your household? _____ Dogs _____ Cats _____

Are you yourself responsible for, or involved in, decisions regarding the care of pets in your household? Yes No

FOR DOGS:

Which of the following would you consider a problem?

- Aggression towards other dogs
- Aggression towards people
- Excessive Barking
- Urination or defecating indoors
- Escaping or running away
- Digging
- Chewing
- Some other behaviour (specify) _____

FOR CATS:

Which of the following would you consider a problem?

- Aggression towards other cats
- Aggression towards people
- Urine spraying
- Clawing (scratching furniture etc)
- Not using a litter tray
- Excessive Meowing
- Some other behaviour (specify) _____

FOR BOTH DOGS AND CATS:

You obviously consider some of your pet's problems bad enough to seek professional advice. In seeking professional advice, which of the following would you be most likely to contact?

- Dog or Cat Trainer
- Veterinary Clinic
- Barkbusters
- Dog or Cat Club
- Dog or Cat Breeder
- Someone else (specify) _____

Adapted from Dr Kersti Seksel's Dog Questionnaire and Dr Karen Overall's Preliminary Client Questionnaire (Overall, 1997)

Pet Background

Where did you acquire your pet? (Breeder, RSPCA, Pound, Stray) _____

How old was your pet when you first acquired him/her? _____

Why did you choose this breed or combination of breeds? _____

For those acquired as Puppies and Kittens:

Did you see the mother and father? Yes No

Did you see the litter mates? Yes No

Was your pet temperament tested? Yes No

Any news on relatives? _____

For those acquired as Adults:

Why was this pet up for adoption? _____

How many previous owners has this pet had? _____

Did the pet demonstrate any change of behaviour with desexing? _____

Home Environment

Are there other pets?

Name	Species (dog/cat/rabbit etc)	Breed	Sex (male/female desexed)	Age

List your family members of the household – including long term visitors/children

Name	Age	Time Spent at Home

Do you live in: (please circle) unit townhouse house with small yard house with big yard
 acreage

Have you moved since acquiring the pet? Yes No

How many times? _____

When? _____

Have the people in the household changed since acquiring your pet? Yes No

How? (please circle) Death of a family member Death of a pet Divorce Marriage
 Baby Born Child moved New pet Family move
 Family schedule changed (loss or gain of job etc) Other _____

Have you had pets before? Yes No

What types? _____

Pet Care

Who feeds the pet? _____

How often? _____

Where and when does your pet get fed? _____

Does your pet eat it all at once? Yes No

Does your pet have a favourite treat? Yes No (specify) _____

SECTION TWO - TRAINING AND EXERCISE (DOGS)

FOR CATS, GO DIRECTLY TO SECTION THREE

Obedience Training

What level of training has your dog received? (please circle)

None Trained at home Puppy Preschool Started obedience but never finished
 Graduated obedience once Graduated obedience at two or more levels Private instructor

Who currently trains the dog? _____

How does the dog behave at training? _____

What brand and sort of training collar do you use? Flat Choker Head collar Harness

Has your dog been hunting, herding, protection, attack, or Schutzhund Trained? Yes No

Have you used clicker training as a training tool? Yes No

What Percentage of Time does your dog obey these commands for each member of your family?

Name of Family Member	Sit	Down/Drop	Stay	Come	Heel

Describe the tricks your dog can do. _____

Exercise

Who exercises the dog? _____ How long per day? _____

What Percentage of Time does your dog spend on the following activities?

On Lead	Supervised off lead	Free roaming	In Yard	Playing outdoors	Playing Indoors	Tied up or run

What does this consist of? (Specify time) _____

How many days per week? _____

SECTION THREE - GENERAL BEHAVIOUR (DOGS AND CATS)

What areas does your pet have access to? (eg backyard, inside, acreage) What Percentage of the day is spent in each? _____

What type of toys does your pet have? _____

What games does your pet like to play? _____

How often and for how long do you play these games? _____

What Percentage of time is spent indoors? _____

What do you consider is your pet's activity level? Low Average High Excessive

Elimination Behaviour

Is your pet housetrained (has experienced a period of greater than 4 weeks where it hasn't toileted indoors)?
Yes No

Does your pet often; urinate indoors defecate indoors

Resting and Sleeping

	Location	Why is this?
Where does your pet sleep at night?		
Where is your pet when left in the house alone?		
Where is your pet when you have guests?		

When Left Alone

Describe in detail the routine you go through as you prepare to leave the house when your pet is being left alone.

Describe your pet's behaviour as you just leave the house.

Describe your pet's behaviour when you return.

Does your pet's excitement level get greater the longer you have been absent? Yes No

How does the pet react to visits to the vet? _____

Has the pet been in boarding kennels/cattery? Yes No

How does it behave? _____

Has the pet been to a groomer? Yes No

How does it behave? _____

SECTION FOUR - MANNERS AND BEHAVIOUR (DOGS)

FOR CATS, GO DIRECTLY TO SECTION FIVE

Does your dog; Jump up on you without permission? Jump up onto other people without permission?

Paw you? Paw other people? Mount you? Mount other people?

Mount other dogs or objects?

Describe situation _____

Does your dog bark at you? Yes No

Describe Situation _____

Does your dog bark at other times? Yes No

Describe Situation _____

Does your dog groom, lick or bite itself excessively? Yes No

Describe Situation _____

Any other comments on your pet's behaviour? _____

Any additional problems? _____

SECTION FIVE - (FOR CATS ONLY)

FOR DOGS, GO DIRECTLY TO SECTION SIX

How many litter trays do you have? _____

For each of the following:

Describe each tray – (deep, shallow, covered, large, small etc)	What kind of litter do you use? (clumping, newspaper, soil etc)	The location of the litter trays

Does your cat have access to outside? Yes No

Describe how your cat uses the litter tray (does it scratch first, cover up faeces, scratch outside the tray?)

For cats with toileting issues:

How frequently is the litter changed? _____

How frequently is the tray washed and replaced? _____

What products are used for cleaning? _____

Are deodorants used? _____

How many cats share a litter tray? _____

Does the cat use the litter tray in the presence of other animals or people? Yes No

Will the cat immediately use a fresh litter tray? Yes No

Does the cat vary its toilet routine in the presence or absence of another pet or any other situation?

Yes No

Does the cat ever vocalise when going to the toilet? Yes No

Will the cat spray against the back of a covered litter tray? Yes No

Does the cat ever use the shower/bath as a toilet? Yes No

How Frequently? _____

What other areas (locations and frequencies) does the cat use as a toilet area? _____

SECTION SIX – PROBLEM BEHAVIOURS (DOGS AND CATS)

	PROBLEM 1.	PROBLEM 2	PROBLEM 3
DESCRIBE PROBLEM			
HOW FREQUENTLY DOES THIS OCCUR?			
WHEN DID IT START?			
WHEN DID IT BECOME SERIOUS?			
WHY DO YOU THINK THIS IS?			
HAS IT CHANGED IN FREQUENCY?			
HAS IT CHANGED IN INTENSITY?			
IN WHAT CIRCUMSTANCES DOES IT OCCUR?			
HAS THIS CHANGED?			

For the primary problem, describe the following (where it took place, time of day, who was present etc)

The most recent incident (date _____) _____

Second last incident (date _____) _____

Third last incident (date _____) _____

(To report each problem in detail if insufficient space, write on a separate page)

What have you done so far to try and correct the problem?

How does your pet behave with familiar visitors? _____

How does your pet behave with unfamiliar visitors? _____

Describe a typical 24 hours in your pet's life: (exercise, sleeping, feeding etc)

Midnight _____

1am _____

2am _____

3am _____

4am _____

5am _____

6am _____

7am _____

8am _____

9am _____

10am _____

11am _____

12 noon _____

1pm _____

2pm _____

3pm _____

4pm _____

5pm _____

6pm _____

7pm _____

8pm _____

9pm _____

10pm _____

11pm _____

Which of the following statements applies to you?

- I am here out of curiosity, the problem is not serious
- I would like to change the problem, but it is not serious
- The problem is serious and I would like to change it, but if it stays the same that is alright
- The problem is very serious and I would like to change it, but if it stays the same I will keep my pet
- The problem is very serious and I would like to change it, but if it remains the same I will give up or euthanase my pet

End of questionnaire.