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**PET OWNER BEHAVIOUR QUESTIONNAIRE**

**PLEASE EMAIL OR RETURN HARD COPY BEFORE BOOKING CONSULT**

Client Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OWNER DETAILS**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  | Postcode/State: |  |
| Email: |  | Phone: |  |
| Referred by (trainer/vet etc): |  |
| How did you hear about us? |  |
| Regular vet: |  | Permission to contact usual vet: | Y/N |
| Are you responsible for, or involved in, decisions regarding the care of pets in your household? | Y/N |

**PET DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Breed: |  | Age: |  |
| Sex: |  | Desexed: |  | Weight: |  |

**FOR DOGS: FOR CATS:**

**Which of the following do you consider a problem? Which of the following do you consider a problem?**

|  |  |  |  |
| --- | --- | --- | --- |
| Aggression towards other dogs |  | Aggression towards other cats |  |
| Aggression towards people |  | Aggression towards people |  |
| Excessive barking |  | Urine spraying |  |
| Urinating or defecating indoors |  | Clawing (scratching furniture etc) |  |
| Escaping or running away |  | Not using a litter tray |  |
| Digging |  | Excessive meowing |  |
| Chewing |  | Some other behaviour (please specify): |
| Noise sensitivity |  |
| Repetitive behaviour |  |
| Some other behaviour (specify): |

**SECTION ONE- GENERAL INFORMATION**

**Pet Background**

|  |  |
| --- | --- |
| Where did you acquire your pet? (Breeder/Rescue/Stray etc) |  |
| Where was your pet born? (City/country town/interstate) |  |
| If your pet was born interstate, when was their flight to Perth? |  |
| How old was your pet when you acquired him/her? |  |
| Why did you choose this breed or combination of breeds? |  |
| How would you describe your pet’s personality? |  |
| Why did you choose this individual? |  |

**For pets acquired as Puppies and Kittens**

|  |  |
| --- | --- |
| Did you see the mother and father? If yes, how would you describe their temperaments? |  |
| Did you see the littermates? |  | How many littermates did your pet have? |  |
| Was your pet hand raised? |  | Was your pet temperament tested? |  |
| Any news on relatives? |  |

**For pets acquired as Adults**

|  |  |
| --- | --- |
| Why was this pet up for adoption? |  |
| How many owners has the pet had previously? |  |
| Any details of medical, training and behaviour history? |  |

**Home Environment**

Are there other pets in the household?

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Species (dog/cat/rabbit etc) | Breed, Sex, Desexed, Age | Describe relationship with patient |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

List family members in the household – including YOURSELF, regular & long term visitors, children

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Age | Time spent at home | Describe relationship with patient |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of house (please select) | Unit |  | Townhouse |  | House with small yard |  |
| House with large yard |  | Acreage |  | Other (specify): |  |
| What areas does your pet have access to? (backyard, inside, acreage etc) and what % of the day is spent in each? |  |
| Have you moved house since acquiring the pet? How many times? When? |  |
| Has the people living in the household changed since acquiring the pet? If yes, how? | Family member death |  | Death of a pet |  | Divorce |  | Marriage |  | Baby born |  |
| Child moved |  | New pet |  | Family moved |  | Job loss or gain |  | Other (specify): |  |

|  |  |
| --- | --- |
| Have you had pets before? If yes, what types? |  |

**SECTION TWO - GENERAL BEHAVIOUR**

**Diet and Feeding Regime**

|  |  |
| --- | --- |
| What does your pet eat? (including brand names) |  |
| Who feeds the pet and how often? |  |
| Where and when does your pet get fed? |  |
| How is your pet fed? (bowl, Kongs, Puzzle Toys etc) |  |
| Does your pet eat their meals all at once? |  |
| Does your pet have a favourite treat? (specify) |  |

**Activities**

|  |  |
| --- | --- |
| What types 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 do you consider is your pet’s activity level? | Low |  | Average |  | High |  | Excessive |  |

**Elimination Behaviour**

|  |  |
| --- | --- |
| Is your pet house trained? (periods greater than 4 weeks of no toileting indoors) |  |
| 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 alone? |  |  |
| Where is your pet when you have guests? |  |  |
| Do you think your pet sleeps/rests well, and for an appropriate length of time? |  |

**When Left Alone**

|  |  |
| --- | --- |
| Describe the routine as you prepare to leave the house when your pet is being left alone: |  |
| Describe your pet’s behaviour as you 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?  |  |
| Any destructive behaviour noted while you are absent? |  |

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**SECTION THREE- MEDICAL HISTORY**

**For pets who have been desexed**

|  |  |
| --- | --- |
| When was your pet desexed? |  |
| Why did you desex your pet? |  |
| Any behavioural changes noted after desexing? |  |

**For all pets**

|  |  |
| --- | --- |
| Does your pet groom, lick or bite itself excessively? If yes, please describe: |  |
| Does your pet suffer from gastrointestinal upsets? If yes, please describe: |  |
| Any lameness, limping, indication of pain? If yes, please describe: |  |
| Please list current medications including worming/flea treatments: |  |
| Has your pet previously been on medication for behaviour? If yes, please specify: |  |
| Please give details of any allergies, illnesses, surgeries, medical conditions etc: |  |

**SECTION FOUR - TRAINING AND EXERCISE (DOGS)**

***FOR CATS GO DIRECTLY TO SECTION SIX***

**Training**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What level of training has your dog received? | None |  | Trained at home |  | Puppy School |  | Started class but didn’t finish |  |
| Graduated Level One Training |  | Graduated Level Two or higher |  | Private Instructor |  | Other (specify): |  |
| Who currently trains your dog? |  |
| How does your dog behave at training sessions? |  |
| Do you feel the training has been successful? |  |
| Have any behaviours increased or decreased (specify)? |  |
| What training equipment have you tried? | Flat collar |  | Harness |  | Choke chain |  |
| Head halter |  | Prong collar |  | Shock collar |  |
| Has your dog been hunting, herding, protection, attack or Schutzund trained (specify)? |  |
| Have you used a marker word or a clicker as a training tool? |  |

What obedience exercises can your dog perform? Grade response out of 10 (10 being occurs every time)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Family Member | Sit | Down/Drop | Stay | Come | Walk on a Loose Lead |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| List any other behaviours or tricks your dog can do: |  |

**Exercise**

|  |  |
| --- | --- |
| Who exercises your dog? |  |
| How long per day? |  | How many days per week? |  |
| Describe your dog’s exercise regime (including mental and physical exercise) |  |
| Do you do any performance sports with your dog (specify)? |  |

**SECTION FIVE - MANNERS AND BEHAVIOUR (DOGS)**

**Manners**

|  |  |  |  |
| --- | --- | --- | --- |
| Jump up on you without permission? |  | Paw other people? |  |
| Jump up on other people without permission? |  | Mount you? |  |
| Paw you? |  | Mount other people? |  |
| Mount dogs or objects? (describe situation) |  |
| Bark at you? (describe situation) |  |
| Bark at other times? (describe situation) |  |

**SECTION SIX – CAT BEHAVIOUR**

***FOR DOGS, GO DIRECTLY TO SECTION SEVEN***

|  |  |
| --- | --- |
| Does your cat have access to outside? |  |
| If yes, how much time does your cat spend outside?  |  |
| How far does your cat roam? |  |
| Does your cat never not come home? |  |
| Does your cat catch prey? |  |
| How many other cats do you see in your property? |  |
| Does your cat tend to seek out high places to rest? |  |
| Is your cat playful? If yes, who initiates the play? |  |
| Does your cat ever play with your hands or feet? |  |
| Does your cat use a scratching post?  |  |
| Are there other areas your cat scratches? |  |
| When does your cat purr? |  |
| When does your cat growl? |  |
| Is your cat ever aggressive when denied something it wants? |  |

**Elimination Behaviour – Litter Tray Use**

|  |  |
| --- | --- |
| How many litter trays do you have? |  |
| 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 tray |
|  |  |  |
|  |  |  |
|  |  |  |
| 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?  |  | Does the cat ever vocalise when going to the toilet?  |  |
| Will the cat immediately use a fresh litter tray?  |  | Will the cat spray against the back of a covered litter tray? |  |
| Does the cat vary its toilet routine in the presence or absence of another pet or any other situation? |  | Does the cat ever use the shower/bath as a toilet? |  |
| What other areas (locations and frequencies) does the cat use as a toilet area? |  |

**SECTION SEVEN - REACTIONS (DOGS AND CATS)**

|  |  |
| --- | --- |
| How does the pet react to visits to the vet? |  |
| How does the the pet react in boarding kennel/cattery?  |  |
| How does the pet react to visits to the groomer? |  |
| Does your pet need a muzzle or other restraint techniques used to be examined at the vet or groomer? |  |
| Has your pet needed sedation to be examined at the vet or groomer? |  |
| Can you handle your pet at home? Is there anything your pet won’t let you do? (Trim nails, give medications, groom etc) |  |
| Does your pet allow you to move them off furniture? |  |
| Has your pet bitten a human or another animal? (please describe) |  |
| If they have bitten, did the bite break the skin?  |  |
| Does your pet perform any repetitive behaviours? Please describe. |  |
| Can you distract your pet from repetitive behaviours? |  |

**How does your pet respond to the following?**

|  |  |  |  |
| --- | --- | --- | --- |
| Familiar guests |  | Thunderstorms |  |
| Unfamiliar guests |  | Fireworks |  |
| Familiar children |  | Vacuum |  |
| Unfamiliar children |  | Traffic |  |
| Wind |  | Being petted |  |
| Rain |  | Being told off |  |

**FOR CATS – how does your cat respond to:**

|  |  |
| --- | --- |
| Unfamiliar cats |  |

**FOR DOGS – how does your dog respond to:**

|  |  |
| --- | --- |
| Familiar dogs on lead? |  |
| Unfamiliar dogs on lead? |  |
| Familiar dogs off lead? |  |
| Unfamiliar dogs off lead? |  |
| People when on lead? |  |
| Small animals (cats, rabbits, birds etc)? |  |
| Removal of treats or bones? |  |
| People walking past the property? |  |

**SECTION EIGHT- PROBLEM BEHAVIOURS (DOGS AND CATS)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **PROBLEM 1** | **PROBLEM 2** | **PROBLEM 3** |
| DESCRIBE PROBLEM |  |  |  |
| HOW FREQUENTLY DOES THIS OCCUR? DAILY, WEEKLY, MONTHLY. |  |  |  |
| WHEN DID IT START? DID AN INCIDENT OCCUR BEFORE IT STARTED? |  |  |  |
| 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? |  |  |  |
| ARE THERE ANY TRIGGERS THAT MAKE IT WORSE? |  |  |  |

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 incident (date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

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

|  |
| --- |
|  |

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

|  |  |
| --- | --- |
| 12.00am |  |
| 1.00am |  |
| 2.00am |  |
| 3.00am |  |
| 4.00am |  |
| 5.00am |  |
| 6.00am |  |
| 7.00am |  |
| 8.00am |  |
| 9.00am |  |
| 10.00am |  |
| 11.00am |  |
| 12.00pm |  |
| 1.00pm |  |
| 2.00pm |  |
| 3.00pm |  |
| 4.00pm |  |
| 5.00pm |  |
| 6.00pm |  |
| 7.00pm |  |
| 8.00pm |  |
| 9.00pm |  |
| 10.00pm |  |
| 11.00pm |  |

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, if it remains the same I will give up or euthanise my pet |  |

**End of questionnaire.**