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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?	
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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?	

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 Schutzhund 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	
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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?			
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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?

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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.