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Sydney Animal Behaviour Service



DOG QUESTIONNAIRE

Welcome to SABS. Our aim is to help you understand why your dog is behaving the way it is and help your dog be the best dog it can be.

In order to do this before your consultation we need as much information about you, your dog as well as your dog's environment as possible in order to give you the best advice.

Please answer the following questions as completely as possible and bring the completed form with you at the time of your appointment. If you need more space please attach this information to the questionnaire.

If you have a telephone consultation scheduled, please either mail, email or fax the completed form to us, prior to that time along with a video of your pet. This video should be a "day in the life" of your pet- where it eats, sleeps and plays. It should NOT include any episodes of aggression if that is the presenting problem.

The completed behaviour record helps us to assess the environment, social interactions, and behaviour of your dog, and hence determine the possible cause(s), prognosis and individualised treatment programme for your dog's behaviour problem(s). More detailed and specific questions about the problem behaviour(s) will be asked during your visit/telephone call.

Please fill in a separate form for each pet that has a behavioural problem. Please fill in as much as you can before the consultation to assist us during the behavioural assessment as that will assist us in helping your dog.

If you have specific questions you would like answered please bring these to your consultation.

GENERAL INFORMATION

Owner's Name: _____

Title _____

Address: _____

Post Code: _____

Home Ph: _____

Work Ph: _____

Mobile Ph: _____

Fax: _____

Email: _____

Pet's Name: _____

Breed: _____

Colour _____

Date of Birth: _____

Age: _____

Weight: _____

Sex: Male Female

Desexed?: Yes No

How did you hear about SABS?

- Veterinarian
- Dog Trainer
- Google search
- Media
- Friend
- Other

Who referred you? _____

Who is your regular Veterinarian?

Dr: _____

Clinic Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

What is the best means of contact with you?

- Home Phone
- Mobile Phone
- Email
- Other

DOG'S BACKGROUND

Where did you get this dog?

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Stray | <input type="checkbox"/> RSPCA |
| <input type="checkbox"/> AWL | <input type="checkbox"/> Rescue group | <input type="checkbox"/> Pound |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Pet Store | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Gumtree etc | <input type="checkbox"/> Breeder – Newspaper | <input type="checkbox"/> Breeder –Referral |
| <input type="checkbox"/> Other: _____ | | |

Why did you choose this particular breed?

Why did you decide to acquire a dog?

How old was this dog when you acquired her/ him? _____

If known: How many littermates?
 Males: _____ Females: _____

How many animals did you have to choose from?

Why did you choose this dog over the others? (please be specific and tell us who chose the pet and why):

Was a temperament test performed? Yes No Unsure
Result:

Please describe in detail your dog's behaviour as a puppy (eg happy, confident, timid, destructive etc):

Do you have any news about littermate behaviour? (If yes please describe)

Did you meet your dog's parents?

Mother: Yes No

Father: Yes No

If Yes, please describe their behaviour:

Has this dog had other owners? Yes No

If yes, how many? _____

Why was the dog given up?

Have you owned dogs before? Yes No

Have you owned other pets before? Yes No

What happened to your last dog?

What happened to your last pet?

Is your dog housetrained? Yes No

How did you housetrain your dog?

Does your dog ever eliminate in the house? Yes No

If yes, does he/she:

Urinate Defaecate Both

Where is the elimination?

How often does your dog eliminate in the house?

HOME ENVIRONMENT

Please list ALL the people, including yourself, living in your household:

Please mark with an asterisk () all who will be attending the consultation including yourself, and note any other people that may be coming with you (eg friend, trainer, etc.)*

Full Name	Relationship to owner	Occupation	Hours away from home	Age

Who else has regular contact with your dog? (eg Parents, children, friends, neighbours, dog walker, dog groomer, dog trainer, doggy daycare etc?)

Please list ALL of the animals, **including** the one you are bringing in to see us, in your household.

Name of Pet	Species (Dog, cat, bird, fish etc)	Breed	Sex (male, female)	Neuter Status (desexed or not)	Age Obtained	Age Now

In what sequence were the above animals obtained?
(Please number the animals in the table above)

What is your dog's relationship to the other animals? (eg. friendly, hostile, fearful)
Please describe:

How would you describe your relationship with your dog?

Do you have any physical ailment(s) that influences your ability to interact with your dog?

What type of area do you live in?

- City/Town Suburbs Peri-urban Rural

What type of house do you live in?

- Apartment – studio or 1 bedroom Apartment – 2+ bedrooms
 Townhouse Duplex
 Attached house House
 Rural Property Other: _____

Have you moved since acquiring your dog? Yes No

If Yes, how many times? _____

How long since the last move? _____

How did your dog respond to the move?

Has your household (people or animals) changed since acquiring your dog?

- Yes No

If Yes, please describe:

MEDICAL HISTORY

At what age was your pet neutered/speyed?

Why was this done?

Were there any behaviour changes after neutering? (please describe)

Has your dog ever been bred? Yes No

Are you planning to breed? Yes No Unsure

If you have an entire female, when was her last heat?

Is your dog on any medication such as heartworm preventatives, flea preventatives?
(i.e. Heartgard, Revolution, Frontline, Advantage, Proheart Injection etc)

Yes No

If Yes, please list all medications including dose and frequency

What medical problems has your dog had? Please list all and dates if known

Is your dog on any medication **now** for any medical problems? (ie cortisone, antibiotics etc)

Yes No

If Yes, please list all medications including dose and frequency, what they are for, and expected completion date:

Has your dog been on any medication **in the past** for any medical problem?

Yes No

If Yes, please list all medications, what they were for, and when your dog was last dosed:

Is your dog on any medication now for any behavioural problem? (this should include any anxiolytic medications such as Valium, Prozac etc as well as pheromones analogues (Adaptil) and herbal treatments such as Rescue Remedy, St John's Wort as well as any nutritional supplement such as Vitamins, Kelp etc)

Yes No

If Yes, please list all of these medications including dose and frequency:

What response has there been to each medication?

Any other medical concerns?

DIET AND FEEDING

Who feeds the dog?

Where do you feed the dog?

What do you feed your dog? (Please be specific, eg Brand name)

How much do you feed? (Please be specific)

Meal times _____am _____pm

Does your dog eat all her/his food at once? Yes No

If not, how long do you leave it down? _____

Where is your dog when *you* eat?

What is your dog's favorite food treat?

Do you feed your dog table scraps? Yes No

If yes, do you feed scraps from the table? Yes No

DAILY SCHEDULE

Please describe your dog's daily exercise, including the amount of time of each:

1. Leash Walks _____
2. Supervised unleashed walks _____
3. Unsupervised free roaming _____
4. Loose in the Yard _____
5. Playing outdoors _____
6. Playing indoors _____
7. Other: (describe) _____

Total Active time each day (on average):

0 min 15 min 30 min 1 hour More than 1 hr

What percentage of time does your dog spend indoors or outdoors?

% indoors _____ % outdoors _____

Does your dog have access to the outside at any stage? (eg dog door, door left open)

Where does your dog sleep at night? (please be specific, ie outside, inside, in your bedroom, on your bed etc)

Do you leave your dog alone in the house when you go out? Yes No

If Yes, where is your dog when he / she is alone in the house?

Where is your dog when you have guests?

Why?

How does your dog behave when you are leaving the house?

How does your dog behave when you return?

Does the dog's level of excitement reflect your length of absence? (i.e. is he / she more excited the longer you are gone?)

How does your dog behave during thunderstorms?

How does your dog behave during fireworks?

Does your dog react to other noises?

How does your dog behave when travelling in the car?

How does your dog behave with familiar visitors?

How does your dog behave with unfamiliar visitors (children or adults)?

Please describe a typical 24 hour day in your dog's life: i.e. time he gets up, time fed etc.

Midnight to 4 am

4 am to 8 am

8 am to 12 noon

12noon to 4 pm

4pm to 8 pm

8pm to Midnight

TRAINING

What basic training has your dog had?

- No Training
- Puppy Class where? _____
 - Who was the trainer? _____
 - How many people ran the class? _____
 - What qualifications did the puppy class trainer have (if known) _____
 - How many puppies were in the class? _____
 - Was there off lead play? _____
 - How much time was off lead play _____
 - How old was your puppy when starting puppy class _____
- Trained at Home
- Started Obedience classes but did not finish
- Graduated one class at Obedience
- Graduated 2 or more levels at obedience
- Private trainer name: _____
 - How often did /do you see the private trainer? _____
- Boarded for Training where? _____
- How long was the training when boarded? _____
- Other: _____

How old was the dog when later training was started?

Why did you take your dog to any training?

Did you find it helpful?

Why or Why not?

Who in the family is the primary trainer?

Does your dog jump up on you without permission? Yes No

Does your dog jump on other people without permission? Yes No

Does your dog paw at you? Yes No

Does your dog paw at other people? Yes No

Does your dog lick you? Yes No

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

Does your dog mount people? Yes No

If yes, whom does he/she mount?

Does your dog mount other dogs? Yes No

Does your dog mount other animals or objects? Yes No

If yes, please describe:

Does your dog ever bark at you? Yes No

When does he bark at you?

Does your dog bark at other times? (please describe)

What is your dog's activity level in general?

Low Average High Excessive

Any other comments?

PRESENTING PROBLEM(S)

Why are you seeking help/advice?

What has prompted your visit?

What is the main behaviour problem or complaint?

1.

Why is the behaviour a problem?

Does your dog have any other problem behaviours (please list)

2.

3.

4.

Why are each of these behaviours a problem?

How frequently does the problem (or problems) occur? (i.e. how many times daily, weekly or monthly):

Problem 1.	_____	Frequency:	_____
Problem 2.	_____	Frequency:	_____
Problem 3.	_____	Frequency:	_____
Problem 4.	_____	Frequency:	_____

Please describe how the problem developed over time (chronology):

When did you first notice the main problem?

When did it become a serious concern?

Why?

In what general circumstances does the dog exhibit these behaviours?

Has this problem changed in frequency? (please describe)

Has this problem changed in intensity? (please describe)

Has this problem otherwise changed?

How?

Did the secondary problems develop at the same time?

To help us better understand your dog's problem, please describe what occurs when the episodes happen.

Try to include as much detail as possible i.e. where it took place, time of day, who was present, what happened etc.

1. Most recent incident: Date:

2. Second to last incident: Date:

3. Third to last incident: Date:

4. What was the first incident: Date:

Any other significant incidents:

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

- Consult your veterinarian
- Consult a trainer
- Google search
- Use punishment-please describe

- Other please specify

How successful have each of these measures been?

How do you discipline your dog for this or any other problem?

What are your goals for treatment?

WHICH OF THESE STATEMENTS APPLY TO YOU:

1. I am here only out of curiosity – the problem is not serious
2. I would like to change the problem, but it is not serious
3. The problem is serious and I would like to change it, but if it remains unchanged that is alright
4. The problem is very serious and I would like to change it, but if it remains unchanged I will keep my dog.
5. The problem is very serious and I would like to change it. If it remains unchanged I will have my dog euthanased or have to give him/her up

ANY OTHER COMMENTS?

Please note any other information that you feel may be relevant to this problem.

PERSONALITY SCREEN

Please rate your dog's personality using the Monash Canine Personality Questionnaire.

Please rate how well each word describes your dog's personality by marking the appropriate box.

1 = really does not describe my dog, 6 = really describes my dog

	Really does not describe my dog					Really describes my dog
	1	2	3	4	5	6
friendly	1	2	3	4	5	6
persevering	1	2	3	4	5	6
nervous	1	2	3	4	5	6
energetic	1	2	3	4	5	6
attentive	1	2	3	4	5	6
easy going	1	2	3	4	5	6
independent	1	2	3	4	5	6
trainable	1	2	3	4	5	6
non-aggressive	1	2	3	4	5	6
hyperactive	1	2	3	4	5	6
submissive	1	2	3	4	5	6
determined	1	2	3	4	5	6
relaxed	1	2	3	4	5	6
tenacious	1	2	3	4	5	6
timid	1	2	3	4	5	6
biddable	1	2	3	4	5	6
active	1	2	3	4	5	6
intelligent	1	2	3	4	5	6
sociable	1	2	3	4	5	6
restless	1	2	3	4	5	6
fearful	1	2	3	4	5	6
obedient	1	2	3	4	5	6
lively	1	2	3	4	5	6
reliable	1	2	3	4	5	6
assertive	1	2	3	4	5	6
excitable	1	2	3	4	5	6

AGGRESSION SCREEN

****PLEASE SKIP THIS SECTION IF AGGRESSION IS NOT A PROBLEM****

Has your dog bitten other dogs? Yes No

Has your dog bitten other animals? Yes No

Has your dog bitten adults? Yes No

Has your dog bitten children? Yes No

Has your dog bitten and broken skin? Yes No

Number of bites that have broken the skin? _____

Total number of bites (that did or did not break the skin) _____

Total number of episodes of aggression (growling, snapping, biting) _____

Describe a typical episode: (eg does the dog growl, lunge or bite, and in what circumstances)

If the dog is placed in the above situation 10 times, how many of those times is aggression seen?
(eg all = 100%, just one=10%)

What parts of the body has the dog bitten and how severe were the injuries?

Who is/are the targets of the aggression?

Did your dog bite as a puppy? Yes No

If yes, please describe, including at what age:

How old was your dog the first time he barked at a person?

What was the circumstance?

How old was your dog the first time he barked at another animal/dog?

What was the circumstance?

How old was your dog the first time he growled at a person?

What was the circumstance?

How old was your dog when he first growled at another dog/animal?

What was the circumstance?

How old was your dog when he first snapped or bit at a person?

What was the circumstance?

How old was your dog when he first snapped at or bit at another animal/dog?

What was the circumstance?

Please answer Yes or No to these characteristics of your dog's aggressive behaviour:

- | | | |
|--|------------------------------|-----------------------------|
| Attacks seem sudden and surprising | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Episodes appear unprovoked | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The dog is abruptly docile after an episode | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The dog appears 'sorry' afterwards | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The dog appears disoriented afterwards | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Episodes are associated with a 'glazed' or 'absent' look | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I can usually tell what will set my dog off | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The aggressive behaviour is new and uncharacteristic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please complete the tables below indicating how your dog would react when faced with each scenario. If your dog does not encounter any of the scenarios (i.e. you have never tried taking a toy from him/her) you should just tick Not Applicable – **DO NOT TEST YOUR DOG** if you are unsure.

AGGRESSION SCREEN - PART 1

How does your dog react to YOU when you do the following? **DO NOT TEST YOUR DOG**

	Bark	Growl	Snarl/ Teeth	Snap/ Bite	No reaction	Never done
1. Pat Dog						
2. Hug Dog						
3. Kiss Dog						
4. Lift Dog						
5. Call Off Furniture						
6. Push/Pull Off Furniture						
7. Approach On Furniture						
8. Disturb whilst resting/sleeping						
9. Approach whilst eating						
10. Touch whilst eating						
11. Take dog food away						
12. Take human food away						
13. Take water dish away						
14. Take rawhide/pigs ear						
15. Take dog biscuit						
16. Take real bone						
17. Approach when dog has a toy/bone						
18. Verbally punish						
19. Physically punish						
20. Visual threat						
21. Speak to dog (normal tone)						
22. Stare at dog						
23. Bend over dog						
24. Push on shoulder or back						
25. Approach dog near spouse						
26. Approach dog near children						
27. Enter room						
28. Leave room						
29. Reach towards dog						
30. Leash restraint						
31. Collar restraint						
32. Scruff restraint						
33. Put leash on/take off						
34. Put collar on/take off						
35. Bathe dog						
36. Towel dog						
37. Groom/brush dog						
38. Trim nails						
39. Leash/collar correction						
40. Response to 'Sit'						
41. Response to 'Down'						

AGGRESION SCREEN – PART 2

How does your dog react if a STRANGER did the following? **DO NOT TEST YOUR DOG**

	Bark	Growl	Snarl/ Teeth	Snap/ Bite	No reaction	Never done
1. Pat Dog						
2. Hug Dog						
3. Kiss Dog						
4. Lift Dog						
5. Call Off Furniture						
6. Push/Pull Off Furniture						
7. Approach On Furniture						
8. Disturb whilst resting/sleeping						
9. Approach whilst eating						
10. Touch whilst eating						
11. Take dog food away						
12. Take human food away						
13. Take water dish away						
14. Take rawhide/pigs ear						
15. Take dog biscuit						
16. Take real bone						
17. Approach when dog has a toy/bone						
18. Verbally punish						
19. Physically punish						
20. Visual threat						
21. Speak to dog (normal tone)						
22. Stare at dog						
23. Bend over dog						
24. Push on shoulder or back						
25. Approach dog near spouse						
26. Approach dog near children						
27. Enter room						
28. Leave room						
29. Reach towards dog						
30. Leash restraint						
31. Collar restraint						
32. Scruff restraint						
33. Put leash on/take off						
34. Put collar on/take off						
35. Bathe dog						
36. Towel dog						
37. Groom/brush dog						
38. Trim nails						
39. Leash/collar correction						
40. Response to 'Sit'						
41. Response to 'Down'						

AGGRESSION SCREEN – PART 3

How does your dog react to the following? **DO NOT TEST YOUR DOG**

	Bark	Growl	Snarl/ Teeth	Snap/ Bite	No reaction	Never done
1. At the groomers						
2. At the vet clinic						
3. Unfamiliar adult enters house/yard						
4. Unfamiliar child enters house/yard						
5. Familiar adult enters house/yard						
6. Familiar child enters house/yard						
7. Response to toddlers/babies						
8. In the car at toll booth/petrol stations						
9. Unfamiliar adult approaches when dog on leash						
10. Unfamiliar child approaches when dog on leash						
11. Dog in house, sees people outside						
12. Your dog's response to <i>off leash</i> dogs when walking your dog on leash						
13. Your dog's response to <i>on leash</i> dogs when walking your dog on leash						
14. Your dog's response to <i>off leash</i> dogs when your dog off leash						
15. Your dog's response to <i>on leash</i> dogs when your dog off leash						

Please list any other situations when your dog has been aggressive.