



Sydney Animal Behaviour Service



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DOG QUESTIONNAIRE

Welcome to the Sydney Animal Behaviour Service (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 questionnaire with you at the time of your appointment. If you need more space please attach this information to the questionnaire.

Although we do offer telemedicine consultations these are not ideal as we cannot assess your dog in a novel environment. If you have scheduled a telephone or zoom consultation, please either mail, or email the completed form to us prior to your appointment time, together 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 problem.

The completed behaviour questionnaire helps us to best assess the environment, social interactions as well as the behaviour of your dog. This then allows us to ascertain the possible cause(s) of the problem and devise an 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/ zoom 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 help us to help you and your dog.

If you have any pedigree papers for your dog please bring them to the consultation.

We look forward to meeting you with your dog and helping you with the way forward.

BACKGROUND INFORMATION

Your Name: _____

Address: _____

Home Ph: _____

Work Ph: _____

Mobile Ph: _____

Email: _____

What is the best way to contact you?

Pet's Name: _____

Breed: _____

Colour: _____

Date of Birth: _____

Age: _____

Weight: _____

Sex: Male Female

Desexed? Yes No

How did you hear about us? _____

Who referred you? _____

Who is your regular Veterinarian? We send a report to your vet so we need their contact details.

Dr: _____

Clinic Name: _____

Address: _____

Phone: _____

Email: _____

What is your dog's major behaviour problem?

ABOUT YOUR DOG

Where did you get this dog?

- | | | |
|--------------------------------|------------------------------------|---------------------------------|
| <input type="radio"/> Friend | <input type="radio"/> Breeder | <input type="radio"/> Pet Store |
| <input type="radio"/> Internet | <input type="radio"/> Gumtree | <input type="radio"/> Stray |
| <input type="radio"/> Shelter | <input type="radio"/> RSPCA | <input type="radio"/> AWL |
| <input type="radio"/> Pound | <input type="radio"/> Other: _____ | |

If you have your dog's pedigree papers please bring it to the appointment

Has this dog had other owners? Yes No

If yes, how many? _____

Why was the dog given up (if known)?

Have you owned dogs before? Yes No

Have you owned other pets before? Yes No

What happened to your last dog?

Why did you decide to acquire a dog?

Why did you choose this particular breed?

How old was this dog when you acquired it? _____

If known: How many pups were in the litter?
Males: _____ Females: _____

How many animals did you have to choose from?

Why did you choose this dog over the others? (please be specific)

Who chose the pet (breeder, family member etc) and why:

Was a temperament test performed? Yes No Unsure
Result:

Please describe your dog's behaviour as a puppy (happy, active, destructive, anxious etc – the more details the better):

Do you have any news about littermate behaviour? (Please describe)

Did you meet your dog's parents?

Mother: Yes No

Father: Yes No

If Yes, please describe their behaviour:

Is your dog housetrained? Yes No

How did you houstrain your dog?

Does your dog ever eliminate in the house? Yes No

If yes, does he:

Urinate

Defaecate

Both

Where?

How often does your dog eliminate in the house?

YOUR DOG'S HOME ENVIRONMENT

Please list 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.)*

NAME	RELATIONSHIP TO OWNER	OCCUPATION	AGE	HOURS AWAY FROM HOME

Please list anyone else who has regular contact with the dog:

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

Name	Species	Breed	Sex (M/F)	Desexed (Y/N)	Age Obtained	Age Now

In what sequence were the animals in your household obtained? (please number them in the table above)

What is your dog's relationship to each of the other animals in your home? (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 Rural

Do you rent or own your house?

What type of house do you live in?

- Apartment – studio or 1 bedroom Apartment – 2+ bedrooms
 Townhouse/Duplex/Attached house House – number of bedrooms?
 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 cope with the move?

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

- Yes No

If Yes, please describe:

YOUR DOG'S MEDICAL HISTORY

At what age was your pet neutered/spayed?

Why was this done?

Were there any behaviour changes (good or bad) 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?

Have you exhibited your dog in breed shows? Yes No No, but I plan to.

Has your dog had any medical problems in the past? (eg. Skin disease, ear problems
gastrointestinal problems, arthritis etc)

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:

Does your dog have any current medical problems? Please list (eg. Skin disease, ear problems
gastrointestinal problems, arthritis etc)

Is your dog on any medication *now* for any medical problems? (ie cortisone, anti-biotics. etc)

Yes No

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

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

Yes No

If Yes, please list all medications including dose and frequency

Is your dog on any medication **now** for its behavioural problem that your vet has prescribed?

Yes No

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

When did your dog start these medications and why?

What response (if any) has there been to each medication?

Is your dog on any other natural treatments such as Rescue Remedy, Bach Flowers, St John's
Wort, Tranquillity, Tryptophan, Green lipped mussels etc

Yes No

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

When did your dog start these treatments and why?

What response (if any) has there been to each treatment ?

WHAT ARE YOUR DOG’S PROBLEM(S) (WHAT ARE THE ISSUES YOU HAVE WITH YOUR DOG?)

Why are you seeking help/advice about your dog?

What has prompted your visit today?

What is the main behaviour problem or issue?

1.

Why is the behaviour a problem?

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

2.

3.

4.

5.

Why are 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:	_____
Problem 5.	_____	Frequency:	_____

Please describe how the problem(s) developed over time (eg time line/chronology):

When did you first notice the main problem (month/year)?

How old was your dog when the behaviour problem (s) first started?

When did it become a serious concern?

Why?

In what general circumstances does your dog show 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?

Eg consulted with your vet, seen a trainer, used punishment, used rewards, looked on the internet/ facebook etc

1.

2.

3.

4.

Other:

How successful have these measures been?

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

Do you feel that you may have contributed to the problem – eg feel guilty?

What are your goals for treatment?

Do you feel your goals are achievable?

MORE ABOUT YOUR DOG

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

Why?

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

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

Why?

If No, where is your dog when he is alone at home?

Why?

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 more excited the longer you are gone?)

How does your dog react to thunderstorms?

How does your dog react to fireworks?

Does your dog react to other noises, if so which ones and how does your dog react?

How does your dog behave with familiar visitors (eg friendly, wary, timid, aggressive)?

How does your dog behave with unfamiliar visitors (children or adults) (eg friendly, wary, timid, aggressive)?

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 your dog 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

YOUR DOG'S TRAINING

What basic training has your dog had?

- No Training
- Puppy Class where? _____
- 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(s) of trainer(s): _____

Qualifications of trainer (s) (eg Delta, NDTF, PPG etc if known)

When did you take your dog to the trainer?

- Boarded for Training where? _____
- Other: _____

How old was your dog when training started?

Did you take your puppy to Puppy Class?

- Yes No

If yes - why did you take your dog to Puppy Classes?

Who ran the puppy classes? (eg trainer, vet nurse, vet?)

Do you know the name and qualifications of who ran the puppy class?

How many sessions / weeks was the Puppy Class?

How many puppies were in the class?

Did the puppies get to play off lead?

What were you and your puppy taught at puppy class? (eg sit, stay, housetraining tips etc)

Did you find it helpful? Why or Why not?

Did you take you dog to Obedience classes?

Yes No

If yes, why did you take your dog to obedience training?

What were you and your dog taught at obedience training class? (eg sit, stay, walking on lead, dealing with other dogs etc)

Did you find it helpful? Why or Why not?

Who in the family is the primary trainer?

How did your dog behave at training?

Does your dog have any awards or titles? (please describe)

What sort of collar do you use when walking your dog?

Flat Choker Chain Head Collar (eg Halti, Gentle Leader)
 Harness Other:_____

Does your dog wear a harness when out walking?

Lead attaches at the back Lead attaches at the front (on chest)
 Other:_____

Has your dog had any hunting, herding, protection, attack or Schutzhund training?

How would you rate your dog's responses to each of the following?

Good (G), Fair (F) or Poor (P)

Name of Family Member	SIT	DOWN	STAY	COME	HEEL (don't pull)

Does your dog know any tricks? (please describe)

Do you play with your dog? Yes No

How do you play with your dog?

What toys does your dog have?

What is your dog's favourite toy?

Does your dog know 'Fetch'?

YOUR DOG'S DAILY SCHEDULE

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

1. Leash Walks _____
2. Supervised in the dog park _____
3. Unsupervised in dog park _____
4. Unsupervised in the Yard _____
5. Playing _____
6. 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 _____

Please describe a typical 24 hour day in your dog's life: i.e. when sleeps, eats, plays etc)

Midnight

1 am

2 am

3 am

4 am

5 am

6 am

7 am

8 am

9 am

10 am

11 am

12 noon

1 pm

2 pm

3 pm

4 pm

5 pm

6 pm

7 pm

8 pm

9 pm

10 pm

11 pm

YOUR DOG'S DIET AND FEEDING

Who feeds your dog?

Where do you feed your dog?

Does your dog have any food allergies?

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

How much do you feed? (Please be specific about how much you feed your dog)

Meal times _____ morning _____ afternoon _____ evening

Does your dog eat all the food you give 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 favourite food treat(s)?

Do you feed your dog table scraps? Yes No

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

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

DO YOU HAVE 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
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 your dog growl, lunge or bite, and in what circumstances)

If your 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 your 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 petrol station or car stopped						
9. Unfamiliar adult approaches when your dog is on leash						
10. Unfamiliar child approaches when your is 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 is off leash						
15. Your dog's response to <i>on leash</i> dogs when your dog is off leash						