



Please complete the questionnaire and email to vmc.behaviour@usask.ca at least four days before your scheduled appointment.

GENERAL INFORMATION

Date: _____

Name: _____

Address: _____

Home phone number: _____

Cell phone number: _____

Email: _____

Veterinarian's name: _____

Veterinary clinic: _____

Clinic's phone: _____

Clinic's email address: _____

PET INFORMATION

Pet's name: _____

Date of birth or estimated age: _____

Breed: _____

Colour: _____

Sex: ____ Neutered? ____

At what age neutered? _____

Age at adoption: _____

Adopted from: _____

HOME ENVIRONMENT

This section provides general information on your dog's environment and routine.

Please list all family members, including age, their level of interaction with your dog, and how your dog responds to each family member.



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Please list other people that your dog may interact with (such as a dog walker or a trainer).

Please list all pets in the home, their species and breeds, and how your dog interacts with them.

Please describe when your dog stays home alone, how long, and where.



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Briefly describe where your dog sleeps (both during the day and at night).

Briefly describe your dog's feeding routine including location, times, appetite, and type of bowl.

Do you use treats or chews (such as Kong toys, rawhide, bones or antlers)? ____ If yes, briefly describe when, and your dog's favourite treats:

Is your dog fully house trained? ____ If you answered "No," please describe:

What is your dog's favourite elimination place?



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Is your dog allowed on furniture (e.g., bed, sofa, or chairs)? ____ If you answered “No,” what do you do if you find your dog on furniture?

Do you limit your dog from certain areas in the house? ____ If you answered “Yes,” please describe where and why.

INTERACTIONS

Please describe your dog’s exercise including walks (time, duration and location):

Please describe your dog’s favourite play, game or toy:



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Can you safely handle your dog (brushing, wiping feet, placing harness or collar, and administering medication)?

Do you train your dog (alone or with a trainer)? _____ If yes, please briefly describe:

Please list the commands your dog knows, and the degree of responsiveness (responds sometimes, only with treats, or always):

YOUR DOG'S HEALTH

Does your dog have any current medical problems to your knowledge?

Do you know of any previous medical problems?



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Is he/she on any current medication, herbal or homeopathic remedies? If yes, please list.

YOUR DOG'S MAIN BEHAVIOURAL PROBLEM

If your dog has more than one problem, list them separately from the most to least concerning to you.

Please describe the problem(s):

When did this behaviour first start? If possible, describe the first incident.



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Please describe the last incident. When did it occur?

When does the behaviour usually occur? Is it in any particular circumstances?

Do you think it is becoming more frequent, less frequent, or staying about the same?

Describe where the behaviour occurs? Is it always in the same place?



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Who is usually present at the time?

If your dog is an intact female, is the behaviour related to her heat cycle?

Do any related dogs (e.g., parents or siblings) have similar problems?

Have there been previous attempts to manage this problem? ____ If yes, please describe including training, tools, medication, or other options:

Has any treatment method improved or aggravated the situation?

Have you considered removing your dog from the home if the problem cannot be improved?



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REACTIVITY

Please describe briefly how your dog reacts to each of the following situations. Please indicate if you answered it above.

Familiar people (including children) arriving at the home:

Unfamiliar people (including children) arriving at the home:

Going for a walk:

Meeting familiar people (including children) on walks:

Meeting unfamiliar people (including children) on walks:

Meeting familiar dogs on walks:

Meeting unfamiliar dogs and other animals on walks:

Fast moving objects such as skateboards, cyclists, or joggers:



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Traffic (sounds and movements):

Car rides:

Loud noises (e.g., thunders, fireworks, vacuum cleaner, or other sudden loud sounds):

New environments / locations:

Changes in routine:

Being left alone at home:

How long it takes your dog to settle down once he/she reacted to any of the above situations?



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ABNORMAL AND REPETITIVE BEHAVIOURS

Your dog may display these behaviours in a repetitive manner and out of context. Specific behaviours may appear normal, but it is important to consider the duration, frequency and intensity of the behaviour.

Does your dog spin, circle, or chase its tail?

Does your dog lick excessively? (e.g., itself, you, surfaces or objects)

Do you see frequent lip licking, yawning, head and body shakes, stretching, grinning, or sneezing?

Does your dog follow you around the house consistently?

Does your dog spend long periods of time observing the street from the windows?

Do you notice any hallucinatory behaviours? (e.g., fly snapping, shadow chasing, or stargazing)

Does your dog show excessive gulping, air sucking, or drinking?



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SHORT- AND LONG-TERM GOALS

What are your goals for your appointment?

What are your long-term expectations concerning your dog's behaviour?

ADDITIONAL COMMENTS

Please use the rest of this page and the following page for any additional comments that you wish to add to your questionnaire.

ADDITIONAL COMMENTS (cont'd)

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