# Dog Questionnaire

Date of consultation:

Please EMAIL me back the questionnaire as a WORD-document to the email address: medvet@mayanimal.ch

|  |
| --- |
| **Contact details** |
| First name, Last name  |
| Street and house n umber  |
| Zip code and town  |
| Tel  |
| Email  |
| Where did you hear about us?[ ]  veterinarian [ ]  friends [ ]  dog trainer [ ] Internet [ ]  Other  |
| Your veterinarian (Name, Telephone, Email) May we contact your veterinarian regarding your dog’s medical history? [ ]  yes [ ]  no |
| Current dog trainer:  |
| **Your dog** |
| Name Breed  Colour Sex [ ]  female [ ]  male [ ]  intact [ ]  neutered [ ]  chemically neutered, date: Did you notice any behavioural changes after neutering? [ ]  no [ ]  yes, namely Date of birth Current weight Age at adoption  |
| How would you describe your dog’s personality?      |
| Do you think your dog is highly sensitive? [ ]  no [ ]  yes, because  |
| What does your dog love most? |
| What does your dog hate most?  |
| **The current problem** |
| **Behaviour**: Please describe the behaviour that is bothering you: |
| **Beginning**: How old was your dog when the problem started?  |
| **Context**: In which situations does your dog show this behaviour? |
| **Frequency**: How often does your dog show the behaviour (per day/week/month/year)?  |
| **Recovery**: How quickly does your dog recover after a stressful event? |
| **Incidences**: Please describe in detail* The first incident of the behaviour:
* The last incident of the behaviour:
* Another incident oft he behaviour you can remember:
 |
| **Development:** The problem is [ ]  getting better [ ]  getting worse [ ]  staying the same |
| **Intensity**: On a scale from 0-10, how much of a problem is the behaviour for you and your dog currently? (0 = no problem at all, 10 = worst possible situation)       |
| **Causes**: Do you have any ideas what could be causing the behaviour?       |
| **Treatment attempts**: What have you tried to address the problem?      |
| **Your worries:** What is the biggest problem for you? What is your biggest worry?      |
| **Wishes**: What are your hopes and expectations regarding the behaviour problem? |
| **Further information:**       |
| **Your dog’s general behaviour** |
| **Stress**: In which situaitons does your dog seem to be stressed/overwhelmed?       |
| **Fear:** In which situations does your dog seem afraid or scared?      |
| **Aggression**: In which situations does your dog show aggressive behaviours (e.g. barking, snarling, growling, snapping, biting)?      |
| **Signs of fear/stress:** How do you recognise that your dog is afraid or stressed?       |
| **Repetitive behaviour:** Does your dog show any repetitive behaviours (e.g. tail chasing, circling, overgrooming, etc.)?  [ ]  no [ ]  yes, namely  |
| **Play behaviour:** Does your dog play? [ ]  no [ ]  yes[ ]  Alone – how?: [ ]  With other dogs – how?: [ ]  With you – how?: [ ]  With other people – how?:  [ ]  Other - how?:  |
| **Cleaning/licking/scratching**Does your dog lick, scratch or gnaw itself frequently? [ ]  no [ ]  yes, namely Does your dog lick you or other people? [ ]  no [ ]  yes Does your dog lick objects (furniture, floor, carpets, pillows, etc.)? [ ]  no [ ]  yes Does your dog start to pant spontaneously, without apparent reason at home? [ ]  no [ ]  yes Does your dog smack ist lips or salivate without the presence of food? [ ]  no [ ]  yes  |
| **Elimination:** Is your dog house trained? [ ]  yes [ ]  no,  |
| **Health/Treatments** |
| **Physical problems**: illnesses from which your dog has suffered or is currently suffering:      **Klinischer Untersuch / Symptome** |
| **Physical symptoms:** Does your dog show any symptoms that could be linked to a physical problem (e.g. limping, diarrhea/constipation, changes in appetite, changes in skin or fur, signs of pain, etc.)?      |
| **Surgeries:** Surgeries your dog has had (including neutering)      |
| **Veterinary visits**: When was your dog’s last veterinary visit, what was done and what was diagnosed? Date: Analyses: Diagnosis:*🡪 Please attach any medical information on your dog you have!* |
| **Blood analysis**: When was your dog’s last blood analysis? What was diagnosed? Date: Diagnoses: *🡪 Please attach any blood reults you may have!*  |
| **Treatments**: Has your dog ever had or is s/he currently receiving any medication, herbal supplements, nutraceuticals, homeopathic remedies, etc.? [ ]  for a health problem: [ ]  for a behaviour problem: [ ]  other types of therapy (ckupunkture, chiropraxis, osteopathy, etc.):  |
| **Nutrition:** What do you feed your dog?[ ]  dry food (brand: ) [ ]  wet food (brand: ) [ ]  I cook for my dog [ ]  I feed my dog a raw dietWhen do you feed your dog? Does your dog defend his/her food/chews? [ ]  no [ ]  yes How is your dog’s appetite? What is your dog’s favourite treat? How much does your dog drink per day?  |
| **Living situation / surroundings** |
| **Animals**: What other animals live in the same household? Name, species, sex, neuter status: |
| **Family members**Name und age of all family members (including yourself) who live in the same household and their relationship to your dog: |
| **Living surroudings:** [ ]  house [ ]  apartmentNumber of rooms: my dog has access to the following rooms: What are the surroundings like: [ ]  country-side, remote [ ]  country side, village [ ]  village loud [ ]  city quiet [ ]  city loud      |
| **Development** |
| **Origin:** Please describe the place in which your dog spent the first few months of his/her life (e.g. farm, breeder, abroad, remote, quite, loud, clean, etc):  |
| **Puppies**: How many puppies were in the litter? How did they behave?  |
| **Parents**: Did you see your dog’s mother and/or father? How did they behave? |
| **Previous owner(s)**: Did your dog have any previous owners? If yes, what do you know about your dog’s time there? What was the reason for giving the dog away?  |
| **First year of life:** How much contact with people and other dogs did your dog have in his/her first year of life?  |
| **Every day life** |
| **A typical day:** Please describe 24 hours of a typical day in your dog’s life: |
| **Sleep**Where does your dog sleep? How many hours per 24 hours does your dog sleep? How many hours of this is during the day:  |
| **Relaxation**Can your dog relax [ ]  at home alone [ ]  at home with you [ ]  at home with guests  [ ]  outside of home [ ]  in the car [ ]  other  |
| **Stimulation**When, for how long and with whom does your dog go for walks? What does your dog do on walks? Does s/he have access to a garden? How often and what do you train with your dog?  |
| **Being alone**Is it a problem for your dog to be on his/her own? How long per day is s/he alone? Where is s/he when alone?  |
| **Training/communication** |
| **Training** Have you visited dog training classes with your dog? [ ]  no [ ]  yesIf yes, please describe what types of classes these were and what was offered in the classes:      How did your dog do in the classes? [ ]  very well [ ]  medium [ ]  not very wellwhy?  |
| **Reward and punishment:** How do you let your dog know when s/he has done something right or wrong, respectively?Reward: Punishment:  |
| **Aids**: What aids do you use?[ ]  voice [ ]  treats [ ]  clicker [ ]  marker [ ]  collar [ ]  harness [ ]  head harness[ ]  other  |
| **Learning/concentration**How does your dog learn? [ ]  quickly [ ]  medium [ ]  slowlywhy? How well can your dog concentrate?  |
| **Social behaviour** |
| **Dog encounters:** How does your dog behave with* Familiar dogs:
* Unfamiliar dogs
* Dogs in the same household
 |
| **Encounters with people** How does your dog behave with* Familiar people:
* Unfamiliar people:
* Children:
* Visitors:
 |
| **Other animals**  |
| **Sexual behaviour** Does your dog show any sexual behaviours (e.g. mounting, marking)?[ ]  no [ ]  yes, namely  |
| **Aggressive behaviour*** Does your dog defend itself when certain parts of his/her body are touched (e.g. paws, ears, back end, etc.)? [ ]  no [ ]  yes,

If yes, please indicate the body parts and describe the context: * Has your dog ever attacked or bitten another dog or a person? [ ]  no [ ]  yes

If yes, please describe the situations: * Does your dog ever show aggressive behaviours (growling, barking, snarling, snapping, biting, etc.)? [ ]  no [ ]  yes

If yes, please describe the situations:  |
| **Specific situations**How does your dog behave in the following situations:* **New** (e.g. new situations, new objects, things that were not there before, etc.):
* **Many stimuli (**e.g. crowds of people, city, public transportation, restaurants, etc.):
* **Visual stimuli** (e.g. bicycles, cars, dogs, people, changes, etc.) :
* **Sounds** (e.g. thunderstorms, fireworks, bangs, wind, etc.):
* **Smells** (e.g. wild animals, cats, other dogs, horses, etc.):
* **Touch** (e.g. petting, stroking, clinical exam, etc.):
* **Emotional stimuli** (e.g. fights within the family, loud voices, moods of family members (good or bad), etc.):
* **Car** (e.g. driving, parked)
 |
| **Further information** |
| Do you have any further information you would like to share? |

**Veterinarian / Trainer**

**[ ]** Please send my veterinarian a report as well

[ ]  Please send my dog trainer a report as well

**Consent**

May we take videos and photos of your dog during the consultation ? [ ]  yes [ ]  no

May we use the videos/photos for teaching purposes (students/lectures)? [ ]  yes [ ]  no