

# Canine Consultation Questionnaire

## Owner Information

Name:			
Address/city and state:			City, state:
Home and cell phone:	Home:	Cell:	
Employer's name:			
Employer's address, city, state, and zip:			
Work phone:			
Email:			
Preferred local pharmacy:	Name:	Phone #:	Fax #:

## Basic Canine Information

Canine's name:			
Age:	Age		
Breed and color:	Breed:	Color:	
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	
Spayed or neutered:	<input type="checkbox"/> Spayed	<input type="checkbox"/> Neutered	Age:
Age when performed:			
Weight:	lbs.	kg	
Date and age when acquired (if known):	Date:	Age	
Source:	<input type="checkbox"/> Breeder	<input type="checkbox"/> Shelter	<input type="checkbox"/> Stray <input type="checkbox"/> Rescue <input type="checkbox"/> Other:
Reason for obtaining this dog:			
Litter size (if known):	Litter Size		
Age when weaned (if known):	Age		
Raised indoors or outside (if known):	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outside	
Describe your dog's personality:			
Has your dog been bred? If so, at what age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age
How much interaction did the puppy have with people in the first year of life?			
What method of house training was used?			
Your reaction to mistakes during house training:			
Was there any interaction with other puppies and dogs? If so, provide details:			
Did your dog attend puppy parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you the dog's first owner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Veterinarian Notes:**

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## Canine Medical History

**\*Please ensure that we have all your pet's medical records**

Family veterinarian/Clinic name Phone:	Primary veterinarian: Clinic name: Phone: <span style="float: right;">Fax:</span>
Date of last veterinary visit:	
The most recent set of vaccinations received and date (select all that apply):	Vaccine <span style="float: right;">Date:</span> Vaccine <span style="float: right;">Date:</span> Vaccine <span style="float: right;">Date:</span> Other: <span style="float: right;">Date:</span>
Date wormed:	
Referred by:	
Provide medical history (infection/surgeries) and prescribed treatment:	History: <span style="float: right;">Treatment:</span> History: <span style="float: right;">Treatment:</span> History: <span style="float: right;">Treatment:</span> History: <span style="float: right;">Treatment:</span>
Current/regular medications (Such as allergy, heartworm, herbal, over the counter, pain medication, supplements, topical flea and tick treatment):	Route administered (oral, topical, eyes, ears, etc.)
Medication: <span style="float: right;">Dose:</span> Medication: <span style="float: right;">Dose:</span> Medication: <span style="float: right;">Dose:</span> Medication: <span style="float: right;">Dose:</span> Medication: <span style="float: right;">Dose:</span>	Route: <span style="float: right;">Frequency given:</span> Route: <span style="float: right;">Frequency given:</span> Route: <span style="float: right;">Frequency given:</span> Route: <span style="float: right;">Frequency given:</span> Route: <span style="float: right;">Frequency given:</span>
Has there been any change in the following? Drinking Eating	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">Details:</span> <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">Details:</span>
Have you noticed any of the following?	<input type="checkbox"/> Coughing <input type="checkbox"/> Sneezing <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea
Has your dog ever been treated for its behavior in the past? If so, describe the treatment and medication (if applicable):	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">If so, describe treatment:</span> Medications: <span style="float: right;">Dose:</span> Medications: <span style="float: right;">Dose:</span> Medications: <span style="float: right;">Dose:</span> Medications: <span style="float: right;">Dose:</span>
Does your dog have seizures or has it ever had any seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b style="color: red;">Veterinarian Notes:</b>	

## Current Human Household Members

Yourself:	Age:	Occupation:

## Other Household Pets

Have you owned dogs previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you owned this breed of dog previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you owned other pets previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Current pets in the household: type and breed	Name	Age	Spayed or neutered	Relationship with dog (fight, play, avoid)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Training

Has your dog ever attended training classes? If so, provide details (where, when, age, handler):	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
What types of training techniques were used?	
How well did your dog do in class? If you were asked to leave, explain why:	<input type="checkbox"/> Very well <input type="checkbox"/> Average <input type="checkbox"/> Poor
How would you rate your dog's learning ability?	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
What tasks does your dog perform regularly and reliably on cue (e.g. command)?	<input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Down <input type="checkbox"/> Fetch Other:
Does your dog do tricks?	<input type="checkbox"/> Shake <input type="checkbox"/> Rollover
Does your dog pull when on a lead?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Is your dog more obedient in some places than in others? If so, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Is your dog more obedient with some people than with others? If so, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
How do you correct your dog when he/she misbehaves?	
What types of training aids have you used (e.g., pinch collar, prong collar, electric shock)?	
<b>Veterinarian Notes:</b>	

## Diet and Feeding Habits

Type(s) of food: Brand(s) (e.g., Nutro, Eukanuba, Alpo):	<input type="checkbox"/> Dry <input type="checkbox"/> Canned <input type="checkbox"/> Both Brand(s):
Who is primarily responsible for the feeding?	Name:
How much food is given? At what approximate time(s) of day is food given?	Quantity of food: Time(s) of day:
Where is the dog fed (physical location)?	
Where is the dog fed in relation to other dogs in the household?	
Is the dog protective of its food (e.g., does it growl, snap, or bite)? If so, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Describe your dog's appetite: At what speed does it typically eat?	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Fast <input type="checkbox"/> Slow
Do you have to be present for your dog to eat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are your dog's favorite foods?	
How much water does your dog drink in a day (in pints or liters)? How many water bowls are provided?	
Do you add any supplements to your dog's diet? If so, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
<b>Veterinarian Notes:</b>	

## Daily Activities

Where does your dog sleep?	
If it sleeps on your bed, who invites it up?	
When does your dog get up in the morning?	
Does your dog ever wake you at night? If yes, how often and have you any idea why?	<input type="checkbox"/> Yes <input type="checkbox"/> No How often:
When does your dog get to go outside and how long does it like to stay out for?	When: How long:
How does your dog ask to go outside?	
Does your dog roam free in the yard? If the yard is fenced, what type of material is used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Chain Link <input type="checkbox"/> Other
Does your dog run the fence-line barking? If yes, at whom does it bark?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> At other dogs <input type="checkbox"/> At people
Does your dog enjoy exploring on its own?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
What type of exercise does your dog receive? If other, provide details:	<input type="checkbox"/> Walk <input type="checkbox"/> Run <input type="checkbox"/> Agility training <input type="checkbox"/> Other Details:
Is this done on or off a lead?	<input type="checkbox"/> On lead <input type="checkbox"/> Off lead

Provide details of the frequency of exercise:	
Is there any specific time devoted to play or training on a daily basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your dog play games with you or other family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:	Details:
Who initiates play?	<input type="checkbox"/> Dog <input type="checkbox"/> Family members
What types of toys does your dog play with?	<input type="checkbox"/> Balls <input type="checkbox"/> Bones <input type="checkbox"/> Ropes <input type="checkbox"/> Frisbee <input type="checkbox"/> Other
If other, provide details:	Details:
Where does your dog stay during the day when no one is home?	<input type="checkbox"/> Crate <input type="checkbox"/> Specified room <input type="checkbox"/> Free run (in house) <input type="checkbox"/> Free run (in fenced yard) <input type="checkbox"/> Doggie daycare/camp
What does your dog do as you prepare to depart?	Details:
Does your dog bark or whine when you leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Typically, how long is your dog left alone without human company on any given day?	
Does your dog ever vocalize, engage in destructive behaviors, urinate, or defecate while you are away from home?	<input type="checkbox"/> Vocalizing <input type="checkbox"/> Destructive behaviors <input type="checkbox"/> Urination <input type="checkbox"/> Defecation
What does your dog do during family meals?	
Have there been any changes in your household routine (e.g., new baby, change in working hours)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:	Details:
List the five things your dog likes the most (e.g., specific activities, food, toys)	
<b>Veterinarian Notes:</b>	

## Interaction With Family Members

What type of home do you have?  Apartment  House  Condo  Townhome  
 If other, provide details:  Other Details:

To which areas of your home does your dog have access?

**Reaction to handling:**

Does your dog exhibit any aggression in the following circumstances? This can include growling, snarling, lunging, nipping, snapping, showing teeth, or even biting. If biting occurs, please specify whether tear, puncture, or bruising is involved:

Fill out the following tables depicting your dog's typical reaction:

In each box, describe the type of aggression (e.g., growling, snarling) that may be exhibited in each situation, even if it does not occur every time.

	Adult owner #1 Name:	Adult owner #2 Name:	Children	Any other specific individual Name:
Handling/grooming	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Petting or hugging	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Disturbed when resting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Disciplining	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Walking on the lead	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Taking food away	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Taking other objects away	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>Veterinarian Notes:</b>				

## Interaction With Others

How does your dog behave when visitors come to the house (e.g., barking, door charging)?		
Is the behavior different towards familiar and unfamiliar people? If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No  Details:	
Does your dog display aggression (e.g., growling, snarling, snapping, biting) to visitors inside your home? If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No  Details:	
Does your dog display aggression (e.g., growling, snarling, snapping, biting) to visitors outside your home? If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No  Details:	
Has your dog ever bitten or attacked anyone? If yes, how many times?	<input type="checkbox"/> Yes <input type="checkbox"/> No  Details:	
Are there any regular visitors to the home? If so, please provide the information requested:	Name: Purpose: Time and days: Dog's reaction: Name: Purpose: Time and days: Dog's reaction:	
What is your dog's response to frequent, occasional, and rare visitors?	Frequent visitors: Occasional visitors: Rare visitors:	
Dog's reaction to:	Inside the home	Outside the home
Familiar men	Details:	Details:
Familiar women	Details:	Details:
Familiar children	Details:	Details:
Unfamiliar men	Details:	Details:
Unfamiliar women	Details:	Details:
Unfamiliar children	Details:	Details:
Familiar dogs	Details:	Details:
Unfamiliar dogs	Details:	Details:
Other animals (e.g., cats, squirrels)	Details:	Details:
Crowds and busy areas	Details:	Details:
Other dogs		
On lead:	Details:	Details:
Off lead:	Details:	Details:
<b>Veterinarian Notes:</b>		

### Other Behaviors

Does your dog show inappropriate mounting or other sexual behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify whom or what is the target:
Is your dog protective of parts of its body (e.g., ears, mouth, feet)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify which regions:
Does your dog lick or chew itself more than you would expect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your dog display any reaction to loud noises such as thunderstorms or fireworks? If yes, give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Are there any other behaviors that you find objectionable, feel you should mention, or wish to discuss? If yes, describe these:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
<b>Veterinarian Notes:</b>	

### The Current Problem

Describe the problem you are currently experiencing with your dog:	
How old was the dog when the problem began?	
Is this a chronic (constant) or intermittent problem?	<input type="checkbox"/> Chronic <input type="checkbox"/> Intermittent
Where does the problem commonly occur?	
With whom does it occur?	
How often does it occur?	
If the problem is house soiling, does it occur when you are home and/or away?	<input type="checkbox"/> Home <input type="checkbox"/> Away <input type="checkbox"/> Both
If the problem is destructive behavior, does it occur when you are home and/or away?	<input type="checkbox"/> Home <input type="checkbox"/> Away <input type="checkbox"/> Both
Additional details about the problem:	
Is there any legal action pending because of this dog's behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in detail:
<b>Veterinarian Notes:</b>	

### Aggression Section (if applicable)

Describe the most recent incident and the setting in which it occurred (be precise):	
Where was the dog?	
Where was everyone else in relation to the dog?	

What was everyone doing prior to the incident?	
What was the dog's body posture (position of ears, tail, face, hair on back)?	
What was your reaction or response?	
What was the dog's reaction to your response?	
Was any form of punishment used? If so, give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Was there a bite wound?	<input type="checkbox"/> Puncture <input type="checkbox"/> Tear
Describe the previous three incidents prior to the most recent incident:	1 2 3
How frequently does this type of incident occur?	<input type="checkbox"/> Several times a day <input type="checkbox"/> Daily <input type="checkbox"/> Several times a week <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Other:
Does this problem occur when the dog is left alone?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
Does this problem occur when family members are present?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
What has been done to correct the problem?	
Is the problem getting better or worse?	<input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> No change
Do you suspect any cause?	
<b>Veterinarian Notes:</b>	

### Relationship with Canine

How would you describe your own and your family's relationship with this dog?	Adult owner #1 Adult owner #2 Children
What are your own and your family's feelings about the dog's present behavior?	Adult owner #1 Adult owner #2 Children
What is your expectation for change?	
Under what circumstances would you consider rehoming this dog?	
Under what circumstances would you consider relinquishing this dog to a shelter or rescue?	
Under what circumstances would you consider euthanasia?	
<b>Veterinarian Notes:</b>	

## Video Recordings

Video recordings of the specific problem behaviors are extremely helpful for verifying your descriptions. *Never* place any person or animal in danger in order to obtain video information. Feel free to bring the video recordings with you (on your phone, tablet, laptop, etc.) to your consultation. Please do not email videos ahead of time.

<b>Video number:</b>	<b>Describe the scenario seen in the video:</b>
#1	
#2	
#3	
#4	
#5	
<b>Veterinarian Notes:</b>	
<b>Video Notes:</b>	