



## **Preliminary Client Questionnaire K-9 Behavioral Consultation**

Dear Client,

RE: Behavioral Consultation

Please review the following packet questionnaire. Fill it out completely and return it to our office as soon as possible. If you are able to videotape your pets' behavior, please include the videotape or bring it with you at the time of your appointment. You should schedule the behavioral consultation at least one week in advance post receipt of your questionnaire; appointments will be set up on a Wednesday or Saturday. Please call 24 hours in advance if you need to cancel or reschedule your appointment.

If you have any questions please contact our office and speak with Cheryl or Rosa @ (831) 475-0432.

Sincerely,

Staff  
Animal Hospital of Soquel, Inc.

# CLIENT QUESTIONNAIRES

## PRELIMINARY CLIENT QUESTIONNAIRE

Please complete these questions and return the questionnaire before the appointment if possible. Otherwise bring it with you at the time of the appointment. All of your answers are confidential. PLEASE REMEMBER THAT YOU ARE REQUESTED TO BRING PROOF OF RABIES VACCINATION TO YOUR APPOINTMENT.

1. Pet's name \_\_\_\_\_ Your Name \_\_\_\_\_
2. Breed of Dog \_\_\_\_\_ Color \_\_\_\_\_
3. Age of pet \_\_\_\_\_
4. Date of birth of pet (if known) \_\_\_\_\_
5. Sex of pet \_\_\_\_\_
6. Is your pet spayed or castrated \_\_\_\_\_  
If yes, at what age? \_\_\_\_\_  
Date neutered \_\_\_\_\_  
Reason for neutering \_\_\_\_\_  
Any behavioral changes after neutering? \_\_\_\_\_
7. If your pet is not neutered, do you plan to breed this dog?       Yes       No
8. Has this dog or cat ever been bred?       Yes       No  
If female, did she experience heat cycles before neutering?       Yes       No
9. How old was your pet when you first acquired it? \_\_\_\_\_
10. Has this pet had other owners?       Yes       No       Unknown  
If so, how many?       1       2       3       4       Unknown  
Why was this pet given up? \_\_\_\_\_
11. How long have you had this pet? \_\_\_\_\_
12. Where did you get this pet? Stray/Found  
 Stray / Found  
 Breeder  
 SPCA / Humane Shelter  
 Breeder Rescue Shelter  
 Newspaper adoption advertisement (not breeder)  
 Pet Store  
 Friend  
 Other (please explain) \_\_\_\_\_
13. Why did you get this pet? \_\_\_\_\_
14. When was your pet last vaccinated for:  
Distemper, Hepatitis, Leptospirosis, Parvo Parainfluenza, Bordetella, etc.  
(date if you know it) \_\_\_\_\_  
Rabies (date, if you know it) \_\_\_\_\_       1 year       3 year



16. Is this pet (please check all that apply):

- Allowed to run free, unsupervised
- Fenced/kenned/run
- Leash-walked only
- Outside, unleashed but supervised
- Indoors only
- Outdoors only

17. What percentage of the day does your pet spend inside? \_\_\_\_\_

What percentage of the day does your pet spend outside? \_\_\_\_\_

What kind of a living situation do you have?

- Apartment
- Townhouse/condominium
- House with small yard
- House with large yard
- Farm

18. How many times is your dog walked or let out per day?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

If your pet is walked, what is the average length of time for each walk (in minutes)? \_\_\_\_\_

How often is your pet fed meals each day?

- 0
- 1
- 2
- 3
- 4

19. How often is your pet fed treats (dog biscuits, chewies) each day?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

How often is your pet fed snacks from the table (i.e. human food) each day?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

20. What exactly is your pet fed (include brand names)? \_\_\_\_\_

21. Does your pet have any allergies?  Yes  No

Please specify \_\_\_\_\_

22. Does your pet have preexisting or current medical problems?  Yes  No

If so, what are they? \_\_\_\_\_

Types \_\_\_\_\_

23. Is your pet taking any medication to prevent heartworm?  Yes  No

Brand \_\_\_\_\_

24. Do you have any other pets besides this one?  Yes  No

If so, are any of these pets ill?  Yes  No

25. Has your household changed since acquiring this pet?  Yes  No

If so, how?

- Death of a human in family
- Death of a pet in family
- Divorce
- Marriage
- Baby born
- Child moved
- Pet added
- Family moved
- Family schedule changed (lost or gained jobs)
- Other \_\_\_\_\_

26. Please list the people, *including yourself*, currently living in the household.

Name	Sex	Age	Relationship (Self, husband, wife, mother-in-law, etc.)	Occupation

Please mark with an asterisk (\*) any of the above who are coming to the clinic with the pet. If anyone *Not listed* is coming with the pet, who are they (i.e. friend, neighbor)? \_\_\_\_\_

27. Please list all the animals in the household.

Name	Breed	Sex	Age Obtained	Age Now

Refer to the chart above and, using numbers, label which pet was obtained first, second, etc.

28. Do you know how many animals were in this pet's litter?

Yes  
 Number= \_\_\_\_\_ ( \_\_\_\_\_ Females \_\_\_\_\_ Males)  
 No

29. Why did you choose this specific animal from the litter? \_\_\_\_\_

30. Why did you choose this specific breed? \_\_\_\_\_

31. Have you had this breed before?  Yes  No

32. Have you had pets before?  Yes  No

33. Have you had dogs before?  Yes  No

34. Have you had cats before?  Yes  No

35. Have you had birds before?  Yes  No

36. Where does your pet sleep (please check all that apply; we know how pets move at night)?

- In or on your bed
- On its own bed in your bedroom
- In its crate in your bedroom
- On its own in another room
- In a crate in another room
- On the floor in another room
- On the floor next to your bed
- In another room, voluntarily, anywhere it wants
- In another room because it is locked from your room, anywhere it wants

37. How often do you play with toys or play games with the pet inside the house daily (on average)?

0 1 2 3 4 5 >5

38. How often do you play with toys or play games with the pet outside the house daily (on average)?

0 1 2 3 4 5 >5

39. Describe, in detail, how you prepare to leave the house when the pet will be left alone. Do you ignore your pet, do you seek it out and say goodbye, do you make a fuss over it, etc.?

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40. What does your pet do as you prepare to leave?

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41. What is your dog's obedience school history?

- No school – trained yourself
- Puppy kindergarten
- Group lessons – basic
- Group lessons – advanced
- Private trainer – at house
- Private trainer – sent to trainer

42. Age when dog started lessons/training? \_\_\_\_\_

43. Who took the dog to obedience school? \_\_\_\_\_

44. How did the dog do in obedience school? \_\_\_\_\_

Does the dog have any obedience titles? \_\_\_\_\_

45. What commands does the dog know and how well?

<input type="checkbox"/> Sit	Perfect	Usually OK	Needs Work
<input type="checkbox"/> Stay	Perfect	Usually OK	Needs Work
<input type="checkbox"/> Lie down	Perfect	Usually OK	Needs Work
<input type="checkbox"/> Come	Perfect	Usually OK	Needs Work
<input type="checkbox"/> Wait	Perfect	Usually OK	Needs Work
<input type="checkbox"/> Heel	Perfect	Usually OK	Needs Work
<input type="checkbox"/> Fetch	Perfect	Usually OK	Needs Work
<input type="checkbox"/> Drop it	Perfect	Usually OK	Needs Work
<input type="checkbox"/> Other _____			

46. Is there anything else you would like to tell us about your dog's training?

**CANINE AGGRESSION SCREEN**

Key: <b>NR</b> =no reaction; <b>SL</b> = snarl/lift lip; <b>BG</b> = bark, growl, (aggressive, not alerting bark); <b>SB</b> = snap/bite; <b>NA</b> = not applicable	<b>NR</b>	<b>SL</b>	<b>BG</b>	<b>SB</b>	<b>NA</b>
1. Take dog's food dish with food					
2. Take dog's empty food dish					
3. Take dog's water dish					
4. Take food (human) that falls on floor					
5. Take rawhide					
6. Take real bone					
7. Take biscuit					
8. Take toy					
9. Human approaches dog while eating					
10. Dog approaches dog while eating					
11. Human approaches dog while playing with toys					
12. Dog approaches dog while playing with toys					
13. Human approaches/disturbs dog while sleeping					
14. Dog approaches/disturbs dog while sleeping					
15. Step over dog					
16. Push dog off bed/couch					
17. Reach toward dog					
18. Reach over head					
19. Put on leash					
20. Human pushes on shoulders					
21. Dog mounts, pushes on shoulders					
22. Human pushes on rump					
23. Dog mounts, pushes on rump					
24. Towel feet when wet					
25. Bathe dog					
26. Groom dog's head					
27. Groom dog's body					
28. Human stares at dog					
29. Dog stares at dog					
30. Take muzzle in hands and shake					
31. Push dog over onto back					
32. Stranger knocks on door					
33. Stranger enters room					
34. Dog in car at toll booth					
35. Dog in car at gas station					
36. Dog on leash approached by dog on street					
37. Dog on leash approached by person on street					
38. Dog in yard – person passes					
39. Dog in yard – dog passes					
40. Dog in veterinarian's office					
41. Dog in boarding kennel					
42. Dog at groomer					
43. Dog yelled at					
44. Dog corrected with leash					
45. Dog physically pushed – hit					
46. Someone raises voice to client in presence of dog					
47. Someone hugs/touches client in presence of dog					
48. Squirrels, cats small animals approach dog					
49. Bicycles, skateboards nearby					
50. Crying infant					
51. Playing with 2-year old children					
52. Playing with 5 to 7 year old children					
53. Playing with 8 to 11 year old children					
54. Playing with 12 to 16 year old children					
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## HISTORY SHEETS FOR ANIMALS WITH STEREOTYPIC AND RITUALISTIC BEHAVIORS

1. Into which of the following categories does the behavior fit?
  - ☐ Grooming (chewing/biting/licking self)
  - ☐ Hallucinatory (staring/tracking/attacking/invisible prey)
  - ☐ Consumptive (consuming rocks, dirt, other objects/sucking wool)
  - ☐ Locomotory (circling, chasing tail/freezing/scratching)
  - ☐ Vocalizing (rhythmic barking/barking/howling/growling)
2. Was there a change in the household or an event that was associated with the development of the behavior?
3. Is there any time of day when the behavior seems more or less intense? If so, what is usually going on at that time of day?
4. Is there a person/other pet in the presence of whom the behavior seems more intense? If so, who is this and what is their association to the pet?
5. What is the attitude of the pet while performing the behavior (i.e., distressed, self-absorbed, fearful)?
6. Does the animal respond to its name or seem aware of its surroundings during the behavior? Is it aware that you are calling it? How can you tell?
7. Can you convince the pet to stop the behavior by either (1) calling it or (2) using physical restraint?
8. What kinds of things, if any, will interrupt the behavior once it has started (i.e., noises, treats, toys)?
9. What does the client do when the behavior begins?

10. Is there a location in which the animal prefers to perform the behavior?
11. For ingestion, what types of objects are consumed? Be as specific as possible (e.g., type of rug, fabric, or sweater)?
12. Is there a pattern to the behavior? What are the duration, frequency, and characteristics of the events themselves?  
Duration: days, weeks, months  
Frequency: hourly, daily, weekly, monthly, sporadic  
Pattern: after meals, in the morning (be specific)
13. Does any event or behavior routinely occur immediately before the behavior begins?
14. Does any event or behavior routinely occur immediately after the behavior ceases?
15. Has the pet's general behavior changed in any way since the onset of the atypical behavior (e.g., the dog is more aloof, more aggressive)?
16. Has the pet's diet recently been changed?
17. Is there any other relevant information?