

Short Questionnaire – Dog Behaviour



Short Questionnaire – Dog Behaviour



Short Questionnaire – Dog Behaviour



Client Name:	Patient Name:
Date:	Date of Birth:
Breed:	Weight:
Sex:	
Age in weeks, when your dog was house trained (e.g. No accidents in the house)?	
Does your dog 'mark' with urine or faeces? YES/NO If so, please explain below.	Do you have any concerns, complaints, or problems with urination in the house? YES/NO If yes, please explain below.
Do you have any concerns, complaints, or problems with defaecation in the house? YES/NO If yes, please explain below.	Does your dog destroy any objects or anything else (doors, windows etc)? YES/NO If yes, please list below what objects.
Does your dog mouth anything or anyone? YES/NO If yes, please explain below.	Does your dog exhibit any vocalisation (barking, growling, snarling, howling) which concerns you? YES/NO If yes, please explain below.
Have you ever been concerned that your dog is aggressive towards people? YES/NO If yes, please explain why.	Have you ever been concerned that your dog is aggressive towards other dogs? YES/NO If yes, please explain why.
Has your dog ever bitten anyone, regardless of circumstance? YES/NO If yes, please explain why.	Has your dog had any changes in sleep habits? YES/NO If yes, what are these changes.

Short Questionnaire – Dog Behaviour



<p>Has your dog had any changes in their eating habits? YES/NO If yes, what changes have occurred?</p>	<p>Do you have any concerns about your dog's grooming behaviours? YES/NO If yes, please explain.</p>
<p>Is your dog exhibiting any behaviours which you are concerned or worried about? YES/NO If yes, please list these behaviours below.</p>	