



Canine Behaviour Questionnaire

Langford Animal Behaviour Clinic

The questionnaire may seem rather detailed, but as I am sure you can appreciate, the development of behaviour problems can be extremely complex, and a lot of information is sometimes required to make an accurate diagnosis. Obviously, not every aspect of the questionnaire will be relevant to your pet's problem, so do not worry about leaving blank those sections that are not applicable to your situation.

Please email any pictures or videos that are relevant to us via a file-sharing website such as www.wetransfer.com

Our email address is behaviour@langfordvets.co.uk

PLEASE DO NOT PUT YOURSELF, YOUR DOG OR ANY OTHER PEOPLE OR ANIMALS IN AN UNSAFE SITUATION JUST TO GET A VIDEO OF THE BEHAVIOUR.

Your descriptions and our observations of your dog during the consultation will give us all the information we need without risking injury to yourself, your dog or other people and animals.

General Information

Date:

Name:

Address:

Home phone number:

Mobile phone number:

Email:

Veterinarian's Name:

Veterinary Clinic:

Clinic's phone:

Clinic's email:

Pet Information

Pet's Name:

Date of birth or estimated age:

Breed:

Small Animal Referral Hospital, Langford Vets, Langford House, Langford, BS40 5DU

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Colour:

Sex: (circle as appropriate)

Male entire Male surgical castration Male chemical implant castration

Female entire Female spayed

If appropriate, at what age were they castrated or spayed?

How old was your dog when you got them?

Where did you get them from?

Home environment

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

Please list each family member, including age, their level of interaction with your dog, and how your dog responds to each one:

Please list any non-family or other people that your dog may interact with (e.g., dog walker or a trainer):

Please list all pets at home, their species, and breeds, and how your dog interacts with them:

(If your dog has a problem with one of your other pets, please describe it below in main problem section.)

Please list which family members or pets will be coming to the consultation with you.



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

Briefly describe the following about your dog's sleep;

1. Where does your dog sleep in the day?
2. How long you think your dog sleeps in a day.
3. Are they easily disturbed when resting or sleeping?
4. Where does your dog sleep over night?
5. How long do you think your dog sleeps overnight?
6. Are they easily disturbed, or do they wake you overnight?

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

What do you currently feed your dog – please include brand and type (i.e. Hills large breed adult dry and tinned)

What type of food bowl do you use?

Do you every use puzzle feeder bowl, food toys or slow feeder bowls when feeding your dog?

If yes, please list what you use

Do you use treats or chews (e.g., Kong toys, rawhide, bones, or antlers)?

If yes, briefly describe when, and your dog's favourite treats or chews:

Is your dog fully house trained?

If no, please describe;

1. what they pass in the house (urine, faeces, or both)
2. where is the house they will pass the urine and / or faeces

What is your dog's favourite place to pass urine and faeces?



Is your dog allowed on furniture (e.g., bed, sofa, or chairs)?

If not, what do you do if you find your dog on furniture?

Do you limit your dog from certain areas in the house?

If yes, please describe where and why:

Please send any pictures or videos of the home environment that are relevant to the information you have given above.

Interactions:

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

What sort of equipment do you use when walking your dog (flat collar, 2m lead, extendable lead, long line, harness, Halti, dogmatic etc)

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

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

If not please describe what happens when you try to do this, including what your dog's eyes, ears and tail do and if there is any vocalisation (bark, growl etc)



Do you train your dog (alone or with a trainer)?

If yes, please briefly describe what you have been advised to do and send us copies of any trainer or behaviourist reports you received from them.

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

Is your dog muzzle trained?

Your dog's health:

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

Do you know of any previous medical problems?

Are they on any current medication, herbal or homeopathic remedies?

If so, please complete the table below.

Name of products	Strength of product	Dose you give	How often you give the product
EXAMPLE <i>Metacam liquid</i>		<i>15mg dose</i>	<i>Once a day in the morning</i>
EXAMPLE <i>Milbemax wormer</i>	<i>Adult dog tablet, up to 25kg</i>	<i>One tablet</i>	<i>Every 3 months</i>

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How does your dog behave in the veterinary practice?

How does your dog respond to handled/ examined by unfamiliar people i.e. Vets / Groomer etc?

Your dog's main behaviour problem(s):

If your dog has more than one problem, please provide details of all your concerns as detailed below.

Problem 1

Please describe the problem including the following details;

1. What may trigger the behaviour?
2. What do you see your dog's eyes, ears and tail doing when they show this behaviour?
3. Any vocalisations you may hear.
4. Can you interact with them or distract them when they show this behaviour?
5. When does the behaviour usually occur? Is it in any particular circumstances?
6. On average, how frequently does the problem occur?
7. Do you think it is becoming more frequent, less frequent, or staying about the same?
8. Describe where the behaviour occurs? Is it always in the same place?
9. Who is usually present at the time?

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



Can you describe the last incident, and when did it occur?

Problem 2

Please describe the problem including the following details;

1. What may trigger the behaviour?
2. What you see your dog's eyes, ears and tail doing when they show this behaviour
3. Any vocalisations you may hear.
4. Can you interact with them or distract them when they show this behaviour?
5. When does the behaviour usually occur? Is it in any particular circumstances?
6. On average, how frequently does the problem occur?
7. Do you think it is becoming more frequent, less frequent, or staying about the same?
8. Describe where the behaviour occurs? Is it always in the same place?
9. Who is usually present at the time?

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

Can you describe the last incident, and when did it occur?

Problem 3

Please describe the problem including the following details;

1. What may trigger the behaviour?
2. What you see your dog's eyes, ears and tail doing when they show this behaviour
3. Any vocalisations you may hear.
4. Can you interact with them or distract them when they show this behaviour?

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5. When does the behaviour usually occur? Is it in any particular circumstances?
6. On average, how frequently does the problem occur?
7. Do you think it is becoming more frequent, less frequent, or staying about the same?
8. Describe where the behaviour occurs? Is it always in the same place?
9. Who is usually present at the time?

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

Can you describe the last incident, and when did it occur?

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

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 the following for each problem you have listed above.

1. Training used.
2. Tools used – clicker, prong collar, head collar etc.
3. Medication or supplement you tried at the time.
4. Do you think any of these treatment methods helped with the behaviour problem?
5. Has any treatment method improved or aggravated the situation?

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**Reactions to various situations:**

Please describe how your dog reacts to each of the following situations, including;

1. What their eyes ear and tail are doing
2. Does the hair come up on their back?
3. Do you hear any vocalisation?
4. Do they approach or move away?

Familiar people (including children) arriving at the home:

Unfamiliar people (including children) arriving at the home:

Getting ready to go for a walk:

Seeing and / or meeting familiar people (including children) on walks:

Seeing and / or meeting unfamiliar people (including children) on walks:

Seeing and / or meeting familiar dogs on walks:

Seeing and / or meeting unfamiliar dogs and other animals on walks:



Seeing fast moving people such as skateboards, cyclists, or joggers:

Seeing and / or hearing traffic (sounds and movements):

Car rides:

Where does your dog travel in the car?

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

New environments / locations:

Changes in routine:

Being left alone at home:

During veterinary visits?

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

Other behaviours:

These are behaviours that your dog may display in a repetitive manner and out of context. Specific behaviours may appear normal; however, it is important to consider the duration, frequency, and intensity of the behaviour.

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

If so, please describe;

1. When it is likely to occur?

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2. If you can interact or distract them while they are doing it?
3. How often does it occur?
4. Have they caused themselves any injury while doing it?

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

If so, please describe;

1. When it is likely to occur?
2. If you can interact or distract them while they are doing it?
3. How often does it occur?
4. Have they caused themselves any injury while doing it?

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

If so, please describe;

1. When it is likely to occur?
2. If you can interact or distract them while they are doing it?
3. How often does it occur?

Does your dog follow you around the house constantly?

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

If so, please describe;

1. When it is likely to occur?
2. If you can interact or distract them while they are doing it?
3. How often does it occur?

Do you notice any hallucinatory behaviours? (e.g., snapping at imaginary flies, shadow chasing, stargazing, chasing light/reflections or digging at lights/reflections)

If so, please describe;

1. When it is likely to occur?
2. If you can interact or distract them while they are doing it?
3. How often does it occur?
4. Have they caused themselves any injury while doing it?



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

If so, please describe;

1. When it is likely to occur?
2. If you can interact or distract them while they are doing it?
3. How often does it occur?

Other questions

Is there any additional information relevant to your dog's behaviour we have not covered in the questions above?

What are your priorities regarding your dog's behaviour?

What are your long-term expectations with regarding to your dog's behaviour?

Do you have any upcoming changes to your routine, works pattern or home environment which will impact your dog?

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