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Please fill out the following questionnaire with as much information as you have prior to your behaviour consultation and return it to the clinic **prior** to your consultation.

Pet's Name:

Your Name:

At what age was your pet spayed or neutered?

Was there a behavioural reason for spaying/neutering?

Were there any behavioural changes after neutering?

If your dog or cat is not neutered, do you plan to breed them? (yes or no)

Has this dog or cat been bred? (yes or no)

If female, did she experience heat cycles before spaying? (yes or no)

Age of first heat (if applicable):

How old was your pet when you first acquired him/her?

Has this pet had other owners? (yes or no)

If so, how many?

Why was this pet given up?

How long have you had this pet?

Where did you get this pet?

Stray/Found

Breeder

SPCA/Humane society

Breed Rescue Service

Newspaper ad/kijiji

Pet store

Friend

Other (please explain):

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

Yes

Number: \_\_\_\_\_ (\_\_\_\_\_ females, \_\_\_\_\_ males)

No

Why did you choose this specific animal from the litter?

Why did you choose this specific breed?

Have you had this particular breed before?

Why did you get this pet?

Is this pet (check all that apply):

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

What percentage of the day does your pet spend a) Outside \_\_\_\_\_ , b) Inside \_\_\_\_\_

What kind of living situation do you have?

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

How many times is your pet walked or let out per day?

How often is your pet fed meals each day?

How often is your pet fed treats (biscuits, treats, chews) each day?

How often is your pet fed snacks from the table each day?

What food is your pet fed (include brand name)?

Does your pet have any allergies? (yes or no)

Please specify:

Does your pet have any preexisting or current medical problems? (yes or no)

If so, what are they?

Is your pet currently taking any medications? (yes or no)

Types:

Has your household changed since acquiring this pet? (yes or no)

If so, how?

- Death of human in family
- Death of pet in family
- Divorce
- Marriage
- Baby born
- Child moved
- Pet added
- Family moved
- Family schedule changed (lost or gained jobs)
- Other, please specify:

Please list the people (including yourself) currently living in the household:

Name	Sex	Age	Relationship (self, husband, wife, 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 (friend, neighbour, etc)?

Please list all animals in the household.

Name	Breed	Sex	Age Obtained	Age Now

Are any of the pets in the household ill?

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

Where does your pet sleep? Check all that apply.

- In or on your bed
- On its own bed in your bedroom
- In its crate in your bedroom
- On its own bed in another room
- In a crate 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 bedroom, anywhere it wants

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

How long does each play bout last, on average (in minutes): \_\_\_\_\_

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

\_\_\_\_\_ 0 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ >5

How long does each play bout last, on average (in minutes): \_\_\_\_\_

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.?

What does your pet do as you prepare to leave?

What is your main concern with your pet's behaviour?

What have you tried so far to fix this problem?

## For Dogs Only

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

Age when dog started lessons/training:

Who took the dog to obedience school:

How did the dog do in obedience school?

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: _____		

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