# Dog Questionnaire

Date of consultation:

Please EMAIL me back the questionnaire as a WORD-document to the email address: [admin@mayanimal.ch](mailto:admin@mayanimal.ch)

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| --- |
| **Contact details** |
| First name, Last name |
| Street and house n umber |
| Zip code and town |
| Tel |
| Email |
| Where did you hear about us?  veterinarian  friends  dog trainer Internet  Other |
| Your veterinarian (Name, Telephone, Email)  May we contact your veterinarian regarding your dog’s medical history?  yes  no |
| Current dog trainer: |
| **Your dog** |
| Name  Breed  Colour  Sex  female  male  intact  neutered  chemically neutered, date:  Did you notice any behavioural changes after neutering?  no  yes, namely  Date of birth  Current weight  Age at adoption |
| How would you describe your dog’s personality? |
| Do you think your dog is highly sensitive?  no  yes, because |
| What does your dog love most? |
| What does your dog hate most? |
| **The current problem** |
| **Behaviour**: Please describe the behaviour that is bothering you: |
| **Beginning**: How old was your dog when the problem started? |
| **Context**: In which situations does your dog show this behaviour? |
| **Frequency**: How often does your dog show the behaviour (per day/week/month/year)? |
| **Recovery**: How quickly does your dog recover after a stressful event? |
| **Incidences**: Please describe in detail   * The first incident of the behaviour: * The last incident of the behaviour: * Another incident oft he behaviour you can remember: |
| **Development:** The problem is  getting better  getting worse  staying the same |
| **Intensity**: On a scale from 0-10, how much of a problem is the behaviour for you and your dog currently? (0 = no problem at all, 10 = worst possible situation) |
| **Causes**: Do you have any ideas what could be causing the behaviour? |
| **Treatment attempts**: What have you tried to address the problem? |
| **Your worries:** What is the biggest problem for you? What is your biggest worry? |
| **Wishes**: What are your hopes and expectations regarding the behaviour problem? |
| **Further information:** |
| **Your dog’s general behaviour** |
| **Stress**: In which situaitons does your dog seem to be stressed/overwhelmed? |
| **Fear:** In which situations does your dog seem afraid or scared? |
| **Aggression**: In which situations does your dog show aggressive behaviours (e.g. barking, snarling, growling, snapping, biting)? |
| **Signs of fear/stress:** How do you recognise that your dog is afraid or stressed? |
| **Repetitive behaviour:** Does your dog show any repetitive behaviours (e.g. tail chasing, circling, overgrooming, etc.)?  no  yes, namely |
| **Play behaviour:** Does your dog play?  no  yes  Alone – how?:  With other dogs – how?:  With you – how?:  With other people – how?:  Other - how?: |
| **Cleaning/licking/scratching**  Does your dog lick, scratch or gnaw itself frequently?  no  yes, namely  Does your dog lick you or other people?  no  yes  Does your dog lick objects (furniture, floor, carpets, pillows, etc.)?  no  yes  Does your dog start to pant spontaneously, without apparent reason at home?  no  yes  Does your dog smack ist lips or salivate without the presence of food?  no  yes |
| **Elimination:** Is your dog house trained?  yes  no, |
| **Health/Treatments** |
| **Physical problems**: illnesses from which your dog has suffered or is currently suffering:    **Klinischer Untersuch / Symptome** |
| **Physical symptoms:** Does your dog show any symptoms that could be linked to a physical problem (e.g. limping, diarrhea/constipation, changes in appetite, changes in skin or fur, signs of pain, etc.)? |
| **Surgeries:** Surgeries your dog has had (including neutering) |
| **Veterinary visits**: When was your dog’s last veterinary visit, what was done and what was diagnosed?  Date:  Analyses:  Diagnosis:  *🡪 Please attach any medical information on your dog you have!* |
| **Blood analysis**: When was your dog’s last blood analysis? What was diagnosed?  Date:  Diagnoses:  *🡪 Please attach any blood reults you may have!* |
| **Treatments**:  Has your dog ever had or is s/he currently receiving any medication, herbal supplements, nutraceuticals, homeopathic remedies, etc.?  for a health problem:  for a behaviour problem:  other types of therapy (ckupunkture, chiropraxis, osteopathy, etc.): |
| **Nutrition:** What do you feed your dog?  dry food (brand: )  wet food (brand: )  I cook for my dog  I feed my dog a raw diet  When do you feed your dog?  Does your dog defend his/her food/chews?  no  yes  How is your dog’s appetite?  What is your dog’s favourite treat?  How much does your dog drink per day? |
| **Living situation / surroundings** |
| **Animals**: What other animals live in the same household?  Name, species, sex, neuter status: |
| **Family members**  Name und age of all family members (including yourself) who live in the same household and their relationship to your dog: |
| **Living surroudings:**  house  apartment  Number of rooms: my dog has access to the following rooms:  What are the surroundings like:  country-side, remote  country side, village  village loud  city quiet  city loud |
| **Development** |
| **Origin:** Please describe the place in which your dog spent the first few months of his/her life (e.g. farm, breeder, abroad, remote, quite, loud, clean, etc): |
| **Puppies**: How many puppies were in the litter? How did they behave? |
| **Parents**: Did you see your dog’s mother and/or father? How did they behave? |
| **Previous owner(s)**: Did your dog have any previous owners? If yes, what do you know about your dog’s time there? What was the reason for giving the dog away? |
| **First year of life:** How much contact with people and other dogs did your dog have in his/her first year of life? |
| **Every day life** |
| **A typical day:** Please describe 24 hours of a typical day in your dog’s life: |
| **Sleep**  Where does your dog sleep?  How many hours per 24 hours does your dog sleep?  How many hours of this is during the day: |
| **Relaxation**  Can your dog relax  at home alone  at home with you  at home with guests  outside of home  in the car  other |
| **Stimulation**  When, for how long and with whom does your dog go for walks?  What does your dog do on walks?  Does s/he have access to a garden?  How often and what do you train with your dog? |
| **Being alone**  Is it a problem for your dog to be on his/her own?  How long per day is s/he alone?  Where is s/he when alone? |
| **Training/communication** |
| **Training** Have you visited dog training classes with your dog?  no  yes  If yes, please describe what types of classes these were and what was offered in the classes:    How did your dog do in the classes?  very well  medium  not very well  why? |
| **Reward and punishment:** How do you let your dog know when s/he has done something right or wrong, respectively?  Reward:  Punishment: |
| **Aids**: What aids do you use?  voice  treats  clicker  marker  collar  harness  head harness  other |
| **Learning/concentration**  How does your dog learn?  quickly  medium  slowly  why?  How well can your dog concentrate? |
| **Social behaviour** |
| **Dog encounters:** How does your dog behave with   * Familiar dogs: * Unfamiliar dogs * Dogs in the same household |
| **Encounters with people** How does your dog behave with   * Familiar people: * Unfamiliar people: * Children: * Visitors: |
| **Other animals** |
| **Sexual behaviour** Does your dog show any sexual behaviours (e.g. mounting, marking)?  no  yes, namely |
| **Aggressive behaviour**   * Does your dog defend itself when certain parts of his/her body are touched (e.g. paws, ears, back end, etc.)?  no  yes,   If yes, please indicate the body parts and describe the context:   * Has your dog ever attacked or bitten another dog or a person?  no  yes   If yes, please describe the situations:   * Does your dog ever show aggressive behaviours (growling, barking, snarling, snapping, biting, etc.)?  no  yes   If yes, please describe the situations: |
| **Specific situations**  How does your dog behave in the following situations:   * **New** (e.g. new situations, new objects, things that were not there before, etc.): * **Many stimuli (**e.g. crowds of people, city, public transportation, restaurants, etc.): * **Visual stimuli** (e.g. bicycles, cars, dogs, people, changes, etc.) : * **Sounds** (e.g. thunderstorms, fireworks, bangs, wind, etc.): * **Smells** (e.g. wild animals, cats, other dogs, horses, etc.): * **Touch** (e.g. petting, stroking, clinical exam, etc.): * **Emotional stimuli** (e.g. fights within the family, loud voices, moods of family members (good or bad), etc.): * **Car** (e.g. driving, parked) |
| **Further information** |
| Do you have any further information you would like to share? |

**Report**

I would like a short report regarding treatment measures (included in the price)

I would like a more detailed report including an evaluation of my dog: + CHF 100.- (through vet hospital + 7.7% MwSt)

**Veterinarian / Trainer**

Please send my veterinarian a report as well

Please send my dog trainer a report as well

**Consent**

May I take videos and photos of your dog during the consultation ?  yes  no

May I use the videos/photos for teaching purposes (students/lectures)?  yes  no

May I use pictures taken of your pet (without people) for publications, e.g. handouts, articles, books?  yes  no