



Date of Consultation:

Case Number:

BACKGROUND INFORMATION

Your Name:

Address:

Daytime Tel. No:

Home Tel No:

Referral Veterinary Surgeon:

Address:

Tel. No:

Email:

Name of dog:

Breed/Type:

Age:

Sex:

Is your pet neutered:

If so, when was it done?

Early History:

- How old was your dog when you obtained it?
- Can you remember where he/she came from?
- Was he/she re-homed or from a rescue centre?
- Why was he/she re-homed?

Diet:

- What do you feed him/her?
- How many times a day is he or she fed?
- When do you feed him/her?
- Do you give any supplements, e.g. vitamin pills?
- Does he/she enjoy food or are they finicky
- Do you give her tit-bits? If so, what?

Exercise:

- What type of exercise does your dog have?
- How many hours of exercise per day?
- Does he/she tend to be alone or with other dogs?
- Do you keep your dog on a lead, or allow them to run loose?
- Does he/she enjoy their walks?
- Is there any interaction/play with other dogs?
- What is your dog's favourite toy?
- What is your dog's favourite game with people?
- Where do you keep your dog's toys? Does your dog have free access to them?

Housing:

- Where does your dog sleep at night?
- Where does he/she stay when you go out?
- Is he/she left regularly? If so, for how long?

Are there any problems when you leave him/her? What happens?

- Do you leave any toys or other distractions?
- Is there access to the garden?
- When you are at home, does your dog tend to follow you around the house?

Training History:

- Have you attended training classes with your dog? How old was the dog at the time?
- How long did you attend for?
- Were there any problems with the training?
- Can you remember how you toilet trained the dog? Please describe.
- Does he/she walk to heel?
- Come when called?
- Drop objects when asked?
- What other commands does your dog know?

Family Members:

- How many people are there in your household? Are there any children? If so how old are they?
- Does everybody interact with the dog?

Do you have any other animals? (Type, age, sex)

Medical history:

- Does your dog have any current medical problems to your knowledge?
- Do you know of any previous medical problems?
- Is he/she on any current medication?

THE PROBLEM

Describe the problems you are having with your dog in as much detail as possible (Please use a separate sheet if necessary):

What happens immediately before your dog displays these behaviours? Try to think both what you and your dog are doing when the problem occurs.

What happens immediately after? Again, think about what you do, and what the dog does.

When did the problem begin? Can you remember the first time it happened?

When does the problem occur? Is it in any particular circumstances?

How frequently, on average, does the problem occur? Do you think it is becoming more frequent, less frequent, or staying about the same?

Where does it occur? Is it, for example, always in the same place?

Who is usually present at the time?

When was the last incident, and can you describe this?

If your dog is an entire bitch, is the behaviour related to her season, or does it change during her **season?**

Do any related dogs have similar problems?

Do any dogs in contact with it have similar problems?

Have there been previous attempts to cure this problem? (if so, please describe).

OTHER PROBLEMS:

Does your dog have any other problems?

For example, is he/she good:-

- With children?
- With strangers?
- With family members?
- To groom or bath?
- When you feed them?
- With cats?
- With loud noises?
- When meeting other dogs?

Would you describe your dog as:

- A fussy feeder?
- Aggressive in any situation?
- Aggressive to other dogs?
- Nervous of anything, such as strangers or loud noises?
- Bouncy and enthusiastic?
- Sociable?
- Confident?

Does your dog enjoy being groomed? What kind of brush do you use?

Are there any other problems with your dog?

Do you need to sedate him/her when you go to the vet, or for clipping nails?

Is this your first dog (not including childhood pets)?

If not what breeds of dog have you owned previously?

REHABILITATION:

How much time do you feel able to commit to working with your dog to solve these problems?

What would you envisage if the behaviour problem persists?

** Note on reverse hand side please details any of your dogs “funny habits” or other information which you thinks is relevant. This information is also important and may be indirectly linked to the condition.*

Follow on Sheet for any information that you consider to be relevant, directly or indirectly linked with your dog's condition.

