

Canine Questionnaire

Background

Name _____

Address _____

Phone _____ Email _____

Emergency Contact (Name/Phone) _____

How did you hear about Canine Karma? _____

Dog's Name _____ Dog's Age _____ Dog's Breed _____

Other dogs or pets in household (name, age, breed)

In what order did you obtain each pet?

How much time elapsed between each pet?

Veterinarian's Name, Address and

Phone _____

What age was your dog when you acquired her?

Where did you get your dog?

Do you know any background information about your dog? _____

Do you know anything about the parents or siblings of your dog?

If you got your dog as a puppy, what sort of socialization did you do when he was young?

Did you notice any issues with your puppy when he was young?

Why are you seeking a consult for your dog?

By seeking our service, what goals do you have for you and your dog?

Physical

1. Does your dog have any physical problems, limitations, issues?

2. If so, please describe and include if he is seeing a veterinarian for this condition:

3. Is your dog currently under the care of a veterinarian?

4. Does your dog have any areas of his body that are sensitive to touch or that he does not like touched?

5. What areas of his body does he like to have touched?

6. Is your dog on any medications?

7. Has your dog ever had surgery?

8. Is your dog up to date on his vaccines including heartworm prevention?

Nutrition



1. What type of food do you feed your dog?

2. What are the first 4 ingredients of this food?

3. What is the protein content (listed as a percentage)?

4. Please list any vitamins or supplements you give your dog?

5. What type of treats do you give your dog? How often?

6. How often do you feed your dog?

7. How much do you feed your dog?

8. Does your dog have any chew treats such as Greenies, rawhides, bones, etc? _____

9. Is your dog overweight? _____ How much does your dog weigh? _____

Training and Enrichment



1. Have you ever attended any training classes with your dog? If so, please list all classes, training facilities and training methods:

2. Have you ever worked privately with a trainer? If so, please list trainers' names and training methods:

3. What tricks does your dog know well? (see "Foundation Skills")

4. What "obedience commands" does your dog know? (see "Foundation Skills")

5. What does your dog do for play?

6. What do you and your dog do for play? How often?

7. How would you describe your dog's energy level?

8. Describe your dog's energy level in relation to yours?

Exercise



1. What form of exercise does your dog receive?

2. How often?

3. Where does most of his exercise take place?

Car

1. How does your dog behave in a car?

2. Does your dog use a crate in the car?

3. Does your dog react (bark, growl, lunge at windows) in the car to any stimuli? If so, describe: _____



Emotional

Stress Relief/Home Life

1. How many hours a day does your dog sleep?

2. Where does he sleep at night?

3. Is your dog in a crate any time throughout the day?

4. Do you confine your dog when you are gone or at any time?

5. Is your dog able to look out your windows?

6. Are the shades open or closed when you are gone?

7. Do you have a busy, active, noisy household?

8. Do you have a quiet household?

9. How many are in your household? (Please list each member of household and their age)

10. Do you have many visitors, either family, friends or children at your house on a regular basis?

11. Do any members of your family have difficulty with your dog (i.e. is there someone in the house that does not like your dog or whom the dog is afraid?)

12. What members of the family are involved with your dog in regards to feeding, training, disciplining?

13. How many hours per day on average is your dog home alone?

14. Do you have a fenced in yard? If so, what type of fence do you have?



BEHAVIOR PROFILE

1. What problems are you having with your dog's behavior?

2. When did you first notice this problem?

3. What have you done to solve this problem (if anything)?

4. How would you describe your dog's behavior?

5. In your mind, what is your dog's biggest problem?

6. How does your dog react to the following using a 0 - 5 scale. (0= No reaction; 1 = slight reaction; 2 = mild reaction: body tensing; 3 = moderate reaction:- body tense, vocalizing; 4= severe reaction: lunging, growling, barking; 5= bites or has bitten in response)

- a. Men
- b. Women
- c. Elderly - canes? Wheelchairs?
- d. Children
- e. Dark skinned people
- f. Other dogs
- g. Squirrels, rabbits, birds
- h. Cats
- i. Mail truck
- j. School bus
- k. Motorcycles
- l. UPS truck
- m. Men with hats, glasses, mustaches, hoods, service men
- n. Other (please provide details)_____

7. Does your dog pull on leash when walking?

8. Has your dog ever bitten a person or another animal? If yes, please explain:

9. Are there any people in the family that your dog has shown signs of fear or aggression toward?



Foundation Skills:

Please circle any of the following skills your dog knows and comment about the reliability of each skill (i.e. only can do this in our home without distraction or can reliably do this skill outdoors with lots of distraction):

Sit:

Down: _____

Target - hand, paw, finger: _____

Door manners: _____

Eye contact "Focus or watch": _____

List all tricks/commands your dog knows:

List any tricks you would like to teach your dog:
