



Mulberry Pet Behaviour Centre

Client Questionnaire

Please complete this questionnaire as accurately as you can. *The information that you supply will be kept in the strictest confidence.*

When answering a question such as *often/sometimes/never*, please underline or circle the most appropriate answer.

When answering a boxed question, please tick the appropriate box(es).

If you wish to supply more information than the form allows, please write on the back of the form.

Owners Name.....**Date**.....

Address.....

.....**Post code**.....

Telephone no.....**Mobile**.....

Email.....

Pet's name.....**Species/Breed**.....

Age/Date of Birth.....**Sex** M F **Neutered/Spayed** Yes / No

Age of acquisition..... **Where did you get the animal from?**

Where is your home? *City/Suburbs/Country*

How many persons in household?.....**Age(s) of children**.....

Occupation(s) of adults in family.....

Other animals in household.....

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Your pet's diet:

Please give details of your pet's diet during a typical day. Give brand names of all commercial diets and treats used and details of any nutritional supplements that you add to the meals. Please include the times of day that your animal is fed and given treats.

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Diet cont.....
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	Yes	No
Do you consider your pet to be a member of your family?	<input type="checkbox"/>	<input type="checkbox"/>
Can your pet sleep on family members beds?	<input type="checkbox"/>	<input type="checkbox"/>
Is your pet allowed on the furniture?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone take your pat on short errands?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take your pet on holiday if you can?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone share food with your pet at meal times?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone share snacks with your pet?	<input type="checkbox"/>	<input type="checkbox"/>
Do you talk to your pet during the day?	<input type="checkbox"/>	<input type="checkbox"/>
Is your pet aware of your moods?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of your pets' moods	<input type="checkbox"/>	<input type="checkbox"/>

Please list any medical conditions your animal suffers/has suffered from along with any ongoing treatment.
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Date of last veterinary check.....

When did your animals behavioural problems first appear and was there an apparent cause?
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Are the problems better/worse at different times of day?
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Describe your pets behavioural problems in your own words (include any factors that make the problem better/worse)
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Dog Owners

Please answer all the questions as accurately as possible

Number of walks per day?.....How long is each walk?.....

Who walks the dog?.....

Does your dog play with other dogs? *Often / Sometimes / Never*

How often do you let your dog off lead? *Often / Sometimes / Never*

Does your dog have its own bed? *Yes / No*

If yes where is it situated

Does your dog use it? *Often / Sometimes / Never*

	Yes	No
Do you obedience train at home?	<input type="checkbox"/>	<input type="checkbox"/>
Using food titbits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you obedience train at a class?	<input type="checkbox"/>	<input type="checkbox"/>
Using food titbits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel your dog is:	<input type="checkbox"/>	<input type="checkbox"/>
Nervous	<input type="checkbox"/>	<input type="checkbox"/>
Underactive	<input type="checkbox"/>	<input type="checkbox"/>
Overactive	<input type="checkbox"/>	<input type="checkbox"/>
Pushy	<input type="checkbox"/>	<input type="checkbox"/>
Stubborn	<input type="checkbox"/>	<input type="checkbox"/>
Affectionate	<input type="checkbox"/>	<input type="checkbox"/>
Playful	<input type="checkbox"/>	<input type="checkbox"/>
Obedient	<input type="checkbox"/>	<input type="checkbox"/>

Does your dog sit on command?	<i>Always</i>	<i>Sometimes</i>	<i>Never</i>
Does your dog lie down on command?	<i>Always</i>	<i>Sometimes</i>	<i>Never</i>
Does your dog come when called?	<i>Always</i>	<i>Sometimes</i>	<i>Never</i>

Does your dog have any of the following tendencies or behaviours?			
Stealing food	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Eating excrement	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Sexual behaviour towards humans	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Sexual behaviour towards other dogs	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Excessive fear reactions	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Excessive licking or scratching of fur	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Disobedience	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Difficult to control	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>

Defending objects against family	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Barks or growls at strangers	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Growls and or bites family members	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Aggressive when petted	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Aggressive when brushed	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Aggressive when touched	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Aggressive when pushed	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Aggressive when picked up	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Aggressive when threatened	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Aggressive when punished	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Aggressive if disturbed when sleeping	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Aggressive when eating	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Urinating in the home	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Defecating in the home	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Excessive whining, barking, howling, etc	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Roaming away from home	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
Destructive in the garden	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>

Have you consulted with other professionals about this problem, if so whom?

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How have you attempted to resolve the problem?

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What have been the results?

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