

WALK THIS WAY

CANINE BEHAVIOR THERAPY™



Client Questionnaire

Please complete these questions and return the questionnaire before your 1st session, if possible. Otherwise, please bring it with you at the time of the appointment. All of your answers are confidential.

Date _____
Name _____
Address _____
Phone _____
E-mail _____
Where did you hear of us? _____

Pet's name _____
Breed _____
Color _____
Age _____
Date of birth (if known) _____
Sex _____

Vet's name _____
Address (if unknown, city is fine) _____
Phone _____
Last visit to vet _____
Reason for visit _____

Is your pet spayed/neutered? _____
If yes, at what age? _____
If female, did she experience heat cycles before spaying? _____
If no, do you plan to breed your pet? _____
Has your pet ever been bred? _____

How old was your pet when you acquired it? _____
How long have you had your pet? _____
Has this pet had other owners? _____

Where did you get your dog or cat? (please be specific about the name of the shelter or breeder)_____

What kind of living situation do you have? (i.e., studio apartment, 3-bedroom house, etc.)_____

How many times is your dog or cat let out per day?_____

For how long?_____

How often is your pet fed each day?_____

How often is your pet fed treats each day?_____

How often is your pet fed table scraps each day?_____

What exactly is your pet fed? (include brand names)_____

Does your pet have any allergies?_____

Please specify_____

Does your pet have any pre-existing or current medical problems?_____

Describe_____

Is your pet currently taking medication to prevent heartworm?_____ brand?_____

Is your dog or cat currently taking any other medications?_____

Types_____

Do you have any other pets besides this one?_____

Please list all other animals in the household

Name	Breed	Sex	Age Obtained	Age Now
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1

2

3

4

5

Are any of these animals ill?_____

Please list all the people currently living in the household, including yourself.

Name	Age	Sex	Relationship	Occupation
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1

2

3

4

5

Has anything in the household changed since acquiring this pet?_____

If so, how? (i.e., marriage, baby, death of pet, death of human, child moved)_____

Where does your pet sleep **at night**? (check all that apply)

- ? in your bed
- ? on it's own bed in your bedroom
- ? in it's kennel in your bedroom
- ? on the floor next to your bed
- ? on it's own bed in another room
- ? in a crate in another room
- ? in another room, **voluntarily**, wherever it wants
- ? in another room, **involuntarily**, wherever it wants

How often do you play inside the house with your pet on the average day? _____

For how long? _____

How often do you play outside with your pet on the average day? _____

For how long? _____

Describe, in detail, how you prepare to leave the house when the pet will be left alone. Do you ignore your pet, seek it out to say goodbye, make a fuss over it, etc.?

What does your pet do as you prepare to leave?

What is your dog's obedience school history?

- ? no school, trained yourself
- ? puppy kindergarten
- ? group lessons
- ? private in-home trainer
- ? sent to trainer

Age when dog started training/lessons _____

How did the dog do? _____

What commands does the dog know and how well?

- | | | | |
|-------------|---------|------------|---------------------|
| ? SIT | perfect | usually ok | listens |
| selectively | | | |
| ? STAY | perfect | usually ok | listens selectively |
| ? LIE DOWN | perfect | usually ok | listens selectively |
| ? HEEL | perfect | usually ok | listens selectively |
| ? DROP IT | perfect | usually ok | listens selectively |
| ? COME | perfect | usually ok | listens selectively |
| ? OTHER | | | |

Does your dog have any behavioral problems that you would like to discuss?