

Companion Animal Behaviour Referrals

Claire Hargrave BSc (Hons), MSc, PGCE, C Sci, C Chem, MRSC, DAS (CABC), CCAB

**CERTIFIED CLINICAL ANIMAL BEHAVIOURIST AND
MEMBER OF THE ASSOCIATION OF PET BEHAVIOUR COUNSELLORS**
ERW WASTAD, LLWYNTEG, LLANNON, LLANELLI, CARMS. SA14 8JW
www.petbehaviourwales.co.uk

ASSESSMENT FOR POTENTIAL

Date of assessment:

Owner's Name:

Address:

Post Code:

Telephone: Day:

Home:

Email:

Veterinary Surgeon:

Usual branch attended:

Telephone:

GENERAL INFORMATION

Pet's name:

Age:

Sex:

Breed:

Neutered: Y/N At what age?

Reason for neutering?

Any behavioural changes since neutering?

Where was your dog obtained?

At what age?

If your dog has been re-homed, what do you know of its previous history?

Does your dog serve any specific role within the household?

The family members: Adults?

Children (with ages)?

Please list each family member and say how they feel they get on with the dog:

Other pets:

Species	Breed	Name	Age	Sex	How do they relate to the dog?
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EXERCISE AND PLAY:

What type of exercise does your dog have?

Where do you like to take your dog for exercise?

Who exercises the dog?

How many times per day?

For how long each time?

On or off the lead?

With other dogs or alone?

How does your dog react to other dogs – on the lead?

How does your dog react to other dogs – off the lead?

How does your dog react to strangers – on the lead?

How does your dog react to strangers – off the lead?

Does the dog enjoy exercise?

Does it interact or play with other dogs?

Who, in your family, plays with the dog?

Is play inside or outside the house?

What is your dog's favourite toy?

What is your dog's favourite game?

Can you take a toy away from your dog?

Can you take a chew or bone away from your dog?

HOUSING:

Where does the dog sleep at night?

Where does the dog rest during the day?

Does the dog have access to the entire house?

Is the dog ever left alone during the day?

Is the dog ever left alone in the evening/night?

Does this occur regularly?

What is the maximum period of time that the dog is left alone?

Where does the dog stay when you go out?

Are there any problems when you leave your dog?

Do you leave any distractions with the dog?

Is there access to the garden when you are out?

TRAINING:

Has your dog had any training?

Were there any problems with training?

Does your dog walk to heel?

Come when called?

Drop objects when asked?

What other commands does your dog know?

What commands are most successful?

What commands are least successful?

Which family members have the best control?

Which family members have the least control?

HANDLING:

How does your dog react to the following:

Grooming:

Nail trimming:

Bathing:

Cleaning ears:

Giving medication:

How do you reprimand your dog?

How does it react?

Do any other members of the family use any other methods?

How does the dog react to these methods?

AGGRESSION:

Does your dog ever show its teeth or growl at anyone?

Who?

Under what circumstances? (Try to think what the dog was doing as well as the person).

Has your dog ever bitten anyone?

Who?

Under what circumstances? (Try to describe what the dog was doing as well as the person).

Does your dog have any behaviours that you consider to be problematic or abnormal?

DAILY TIME BUDGET – what does your dog do from waking to sleeping?

Do you consider that this will have to change in any way once the foster placement begins?

OTHER INFORMATION:

Does your dog ever seem nervous or frightened?

When?

Of what?

MEDICAL HISTORY:

Does your dog have any current medical problems?

Is your dog on any medication (including Herbal or Homoeopathic remedies)?

Do you know of any previous medical problems?

Has your dog had any major surgical procedures? Why and at what age?

**THANK YOU FOR COMPLETING THE QUESTIONNAIRE – PLEASE RETURN IT AS
SOON AS YOU CAN AND AT LEAST 21 DAYS BEFORE YOUR APPOINTMENT.
I LOOK FORWARD TO MEETING ALL OF YOU!**

