#### **DOG BEHAVIOUR QUESTIONNAIRE (11 Sections)**

#### 1. Owner

Name:

Phone number:

Email address:	
Is this your first dog?	
If not, describe your previous experiences with dogs/dog training.	
Where in the world are you?	
How did you find out about Training Sens?	
2. Dog(s)	
Name:	
Age:	
Breed/description:	
Sex:	
Spayed/neutered:	
If yes provide date and reason:	

#### 3. History and Medical history

Early experiences	
When did you obtain your dog?	
How old where they?	
For what reason?	
What was their previous home?	
Was your dog trained before you obtained them?	
If yes, please provide any available information.	
Medical history	
What is the date of your dog's last vet visit?	
List any relevant medical conditions (chronic pain conditions, gastrointestinal issues etc.)	
List any chronic medication they are or were taking.	

Physical Well-being						
	Normal / Appropriate	Decreased	Excessive	Recent change?	Quirks/abnormalities	
Thirst						
Appetite						
Energy / activity						
Sleep / rest						
Urination						
Defecation						
Hearing						
Vision						
Smell						

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Vocalization			
Self-grooming			

4. Your home

Persons and animals living with the dog and frequent visitors					
Name	Age	Sex	Family relation	Relationship with the dog	

Describe your home/yard/neighbourhood			
Home			
Yard			
Neighbourhood			
Are any areas off-limit for your dog?			
If yes, why?			

#### 5. Goals

Describe your dog(s) in a couple of sentences				
What are your Short Term Goals?				
What are your Long Term Goals?				

### 6. Primary problem

Describe your current pro	oblem in detail			
What's the problem?				
When did it start?				
When does it occur?				
How often does it occur?				
If possible, describe the first describe 2-3 situations you c	and the last instance, and their outcome in as much detail as possible. If not, an think of.			
Describe management a	nd training strategies used so far and their outcome.			
Strategy Outcome				
Please provide any addit	ional information that you think is important in this context.			

#### 7. Routine

Describe in as much detail as	Describe in as much detail as possible a typical day for your dog.			
Morning				
Afternoon				
Evening				
Nutrition, Play, Sleep				
Main food type				
How many meals per day and at what times?				
Does your dog guard their food?				
Does your dog like to play? If yes, how?				
How much time does your dog spend:				
<ul><li>sleeping</li><li>inactive, but awake</li><li>active</li></ul>				

#### 8. Training

Describe any type of classes you attended with your dog			
Training methods	s and tools	5	
Method/tool	Used by the trainer	Used by me	Outcome
Luring			
Shaping			
Capturing			
Clicker training/using event markers			
Reward-based training*			
No-pull harness*			
Remote collars*			
Halti			
Prong collar			
Slip collar			
Leash corrections			
Verbal corrections			
Physical corrections (manipulating the dog into a specific position)			
"Dominance exercises"			
Alpha roll			
Physical punishment (pinching, hitting etc.)			

Time out		

Skills					
Your dog responds to*:	Always	Usually	Sometimes	Doesn't know this	List the specific circumstances
Sit (at home)					
Sit (outside)					
Down (at home)					
Down (outside)					
Come (at home)					
Come (outside)					
Stay (at home)					
Stay (outside)					
Drop toys					
Drop food					
Any tricks					

#### 9. Behaviours

Departure Behav	viour					
How does your dog behave when you're preparing to leave?						
How does your do they're home alon		hen				
How many hours i on an average day	s your dog a /?	llone				
Do you confine yo leave (to a box or a the house/yard)?						
Is your dog completely house trained? (i.e. no accidents when they're let out at predictable intervals).						
		•				
Loose Leash Wa	lking					
Does your dog know how to walk on a loose leash?						
Under what circur can they do it?	nstances					
When is it hard?						
Handling						
	Enjoys	Accepts willingly	Reluctant	Resists	Threatens	Can't try
Nail trims						
Bathing						
Brushing						
Petting						
Being lifted						
Hugging						

Sensitive Body Parts				
Are there any body parts where your dog doesn't like being touched?				
How long has the the sensitivity existed?				
How does your dog behave a the vet's?	at			
	•			
Calming Down				
How long does it take for you dog(s) to calm down after an exciting event?				
Do they have any specific stress-coping mechanisms?				
(Sniffing, chewing, rolling, seeking physical contact – anything your dog does of the own volition that helps them calm down.)				
Aggression Does your dog exhibit threats	or agg	gressi	on? (Growling,	snarling, snapping, biting.)
Has your dog exhibited threats or aggression towards:	Yes	No	Trigger	Any comments
Immediate family				
Dogs in the same household				
Familiar dogs				
Unfamiliar people				
Unfamiliar dogs				
Have they ever caused injury?				
Can you predict and prevent all the triggers?				

Bite History		
	Was the victim is PERSON or DOG?	
	Who was the victim? (age, sex, relationship with the dog)	
BITE 1	Describe the situation	
	What happened immediately after the bite?	
	Did the dog cause any injury? If yes, what kind?	
	Was the victim is PERSON or DOG?	
	Who was the victim? (age, sex, relationship with the dog)	
BITE 2	Describe the situation	
	What happened immediately after the bite?	
	Did the dog cause any injury? If yes, what kind?	
	Was the victim is PERSON or DOG?	
	Who was the victim? (age, sex, relationship with the dog)	
BITE 3	Describe the situation	
	What happened immediately after the bite?	
	Did the dog cause any injury? If yes, what kind?	
	Was the victim is PERSON or DOG?	

	Who was the victim? (age, sex, relationship with the dog)	
BITE 4	Describe the situation	
	What happened immediately after the bite?	
	Did the dog cause any injury? If yes, what kind?	
	Was the victim is PERSON or DOG?	
	Who was the victim? (age, sex, relationship with the dog)	
BITE 5	Describe the situation	
	What happened immediately after the bite?	
	Did the dog cause any injury? If yes, what kind?	
BITE 6	Was the victim is PERSON or DOG?	
	Who was the victim? (age, sex, relationship with the dog)	
	Describe the situation	
	What happened immediately after the bite?	
	Did the dog cause any injury? If yes, what kind?	

#### Privacy Settings

<b>Do you or your dog have social media?</b> (Please share which platform and your handles so that we can send you content relevant to your journey)	
Is it ok to share parts of your story on our socials to help others on their journey?	
Is it ok to use your videos and stories to help other Training Sens clients who may benefit from the lessons you learned on your journey?	
If you shared your social media handles in the previous section, would you like to be tagged in Training Sens' content?	

#### 11. Do you have any questions?

I want to make sure you get the most out of our time together so please do write down anything that you think the survey may have missed that you'd to get answers to, whether it be about me as a dog trainer, your dog, etc.

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