



Daisy Hill Animal Hospital, Ltd.

2215 Center Street
Ashland, OH 44805
419-289-VETS (8387)

Canine Lifestyle and Behavior Questionnaire

Please return questionnaire 48 hours or more before your first behavior consultation – mail or drop off. Your detailed answers to as many questions as possible provides a very important resource of information to assist us in accurately helping you to help your dog. Additional information that you feel will be helpful is welcome. The correct answer is the honest answer. Our objective is to help you improve your own personal relationship with your dog.

Owner's Name _____ Date _____

Pet's Name _____ Age _____

Pet's Breed _____ Sex _____

At what age was pet spayed / neutered? _____

How long have you owned pet? _____

Pet was adopted from (private owner, shelter, rescue, stray)? _____

Do you know anything factual about your pet's previous lifestyle or owner? _____

List any other pets that you have. _____

Describe the relationships between your pets (play together, sleep together, avoid each other, fight each other, must keep separate). _____

List your family members and their feelings toward your pets and how they interact with each pet. _____

Have any of your pets ever bitten anyone? _____

Who? What was the situation? _____

***Describe a typical 24 hours in the life of your pet. Include detail of different activities that take place on different days of the week when your schedule is different. Include:

Which family members interact with your pet and when?

Where and when does your pet sleep?

When does your pet get up?

When and what does your pet eat?

How do you feed your pet (bowl, Kong or Havaball toy, free choice amount)?

When does your pet go outside and for how long?

Is your pet always on leash or does your pet run loose inside fencing or roam free?

Do you have scheduled exercise – what is involved and how long?

Where does your pet stay during the day?

How long is your pet alone?

What does your pet do while you are eating meals?

Does your pet have a routine of activities before going to bed?

*** Space for answering this question is provided at end of questionnaire.

Do you devote any specific time for playing, exercising, or training your pet each day? _____

Describe the toys your pet likes best. If your pet plays with a Kong toy, does it need to be stuffed with food for it to be interesting to your pet? _____

Has your pet ever attended puppy kindergarten classes? _____

Has your pet ever attended obedience training classes? _____

Who took your pet to class? _____

Was this a good or bad experience? How/Why? _____

What will your pet do consistently on hand or voice cues? _____

Has your pet always lived in your present home with you or have you and your pet moved? _____

How was your and your pet's previous lifestyle different? _____

Were you aware of any behavior problems before moving? _____

What were those problems? _____

***Describe the behavior problem you are having with your pet now. If more than one problem exists now, list all the problems and indicate which problems you want most to change or eliminate. Include:

When did the problem begin?

Has it gotten better or worse and how quickly?

When does the problem occur? Is anyone at home at this time?

Does the problem consistently occur or just sometimes?

*** Space for answering this question is provided at end of questionnaire.

How does each family member feel about the problem? _____

How have you been trying to solve problem? _____

Has any medication been given to your pet for treatment of a behavior problem – which problem and what medication? _____

What medications is your pet currently taking? (Include all medication and special diets.) _____

What are your pet's favorite activities? _____

What are your pet's favorite foods or toys? _____

