

Behaviour Consult Client
Questionnaire Page 1
2024



Date: Owner Name:

Address:

Contact Numbers:

Dog Name: Breed:

Age: Sex: Neutered:

What age did you get the dog?

Where did you get the dog from?

Do you know any past history if not acquired as a puppy?

Have you owned a dog before?

Details of family members in the household

Other pets in the house:

Vaccination history

Is s/he Micro-chipped

Current diet

Feeding routine.....

Medical issues & Medication
.....

Anal Gland issues

Ear Infections

Vet Practice & Last Visit
.....

Client Questionnaire Page 2

General training.....

.....

Specific Training needs.....

.....

.....

General behaviour;

At home

.....

Outside.....

.....

Around people

.....

Around children

.....

Around other animals

.....

Are there any behavioural issues you want to address?

.....

.....

.....

.....

.....

Any other information about your dog

.....

.....