

Behaviour Consult Client
Questionnaire Page 1
2026



Date: Owner Name:

Address:

Contact Numbers:

Dog Name: Breed: Age: Sex:

Male: did both testicles drop on time? Are they roughly equal?..... Date if Neutered:

Female: Rough date of 1st heat? Was it heavy / light/ not visible

How many heats has she had? How frequent?..... what are her heats like?

..... Date if spayed

Did you notice any behaviour changes as he/she reached adolescence?

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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?

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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

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Anal Gland issues

Ear Infections

Vet Practice & Last Visit

General training.....

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Specific Training needs.....

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General behaviour;

At home

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Outside.....

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Around people

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Around children

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Around other animals

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Are there any behavioural issues you want to address?

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