

CANINE ACADEMY

Companion Animal Questionnaire

Date	Please complete all questions and return this questionnaire before your appointment.		
Family Name (first and last)		Companion Animal's Name	
Address		Breed: _____ Age: _____ Color: _____	
City	State	Zip	<input type="checkbox"/> Male <input type="checkbox"/> Female Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what age: _____
Home Phone	Work Phone		Any behavioral changes after neutering?
Email Address		How did you hear about us? <input type="checkbox"/> Veterinarian <input type="checkbox"/> Yellow pages <input type="checkbox"/> Internet <input type="checkbox"/> Saw sign <input type="checkbox"/> Friend Other _____	

Animal's ID: ☐ I.D. Tag ☐ License Tag ☐ Rabies Tag ☐ Tattoo ☐ Microchip ☐ None

Companion Animal History

Where did you obtain your pet? <input type="checkbox"/> Breeder <input type="checkbox"/> Pet shop <input type="checkbox"/> Shelter <input type="checkbox"/> Stray <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	
At what age did you obtain your animal? _____ Where there other owners? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, why was he/she given up? _____ _____ _____ _____	How long have you had him/her? _____ Why did you obtain your animal? _____ _____ Has he/she ever bitten or threatened anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below. _____ _____ _____ _____
Has she ever been bred? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this your first companion animal? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Veterinary Health Information

Practice Name _____ City _____ Dr. _____

Month/year last seen by veterinarian ____/____

Please explain any current health problems:

Living Environment

Is this pet...

- ☐ Allowed to run free, unsupervised
- ☐ Fenced / Kenneled / Run
- ☐ Leash-walked only
- ☐ Outside, unleashed but supervised
- ☐ Indoors only
- ☐ Outdoors only

Do you live in an...

- ☐ Apartment
- ☐ Townhouse / Condominium / Co-op
- ☐ House with small yard
- ☐ House with large yard

Percentage of time pet is: Outdoors? ____ Indoors? ____

Has your household changed since acquiring this pet? ☐ Yes ☐ No If yes, How?

- ☐ Death of a human in the family
- ☐ Death of a pet in the family
- ☐ Divorce
- ☐ Marriage
- ☐ Baby born
- ☐ Child moved away
- ☐ Family schedule changed

Please list the people, including yourself currently living in the household.

Name	Age	Sex	Relationship

Does anyone in your family dislike this animal? ☐ Yes ☐ No If yes, please explain: _____

Please list all of the animals in the household

Name	Species	Sex	Age obtained	Age now

Where does your pet sleep? (check all that apply)

- ☐ In or on your bed
- ☐ On the floor next to your bed
- ☐ On its own bed in your bedroom
- ☐ In another room, voluntarily where I want
- ☐ In its crate in your bedroom
- ☐ In another room because you lock the bedroom
- ☐ In a locked off or gated room, anywhere in this area
- ☐ Other _____

Diet and Elimination Habits

Brand of pet food? _____

When do you feed them their meals?

☐ AM ☐ Mid-day ☐ PM

How often do you feed treats each day?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Never

How often do you feed from the table each day?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Never

How often do you feed their meals each day?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Free-Fed

Is your pet reliably house trained?

☐ Yes ☐ No

Crate trained?

☐ Yes ☐ No

Paper / pad trained?

☐ Yes ☐ No

How many times do you let your pet out per day?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Check the behavior problems you are experiencing and describe below if necessary.

- | | | |
|---|--|---|
| <input type="checkbox"/> Dominant with family | <input type="checkbox"/> Urinates when greeted | <input type="checkbox"/> Pulls on leash |
| <input type="checkbox"/> Jumps on people | <input type="checkbox"/> Anxious behavior when alone | <input type="checkbox"/> Urinates in home |
| <input type="checkbox"/> Jumps on furniture | <input type="checkbox"/> Does not come when called | <input type="checkbox"/> Defecates in home |
| <input type="checkbox"/> Excessive vocalization | <input type="checkbox"/> Digs in yard | <input type="checkbox"/> Excessive vocalization with owners |
| <input type="checkbox"/> Uses teeth for attention | <input type="checkbox"/> Rushes through outside door | <input type="checkbox"/> Excessive vocalization when alone |
| <input type="checkbox"/> Chews furniture / property | <input type="checkbox"/> Inappropriate behavior in vehicle | <input type="checkbox"/> Destructive behavior when alone |
| <input type="checkbox"/> Steals food or objects | <input type="checkbox"/> Inappropriate behavior in public | <input type="checkbox"/> Has fear of _____ |
| <input type="checkbox"/> Urinates when excited | <input type="checkbox"/> Aggressive (describe below) | <input type="checkbox"/> Other problems (describe below) |

Why have you kept your companion animal despite the behavior problem(s)? _____

Are you concerned that you may have caused the problem(s)?

☐ Yes ☐ No

Have you considered finding your companion animal a new home?

☐ Yes ☐ No

Have you considered euthanasia (putting your animal to sleep?)

☐ Yes ☐ No

What is your dog's obedience school history?

- ☐ No school – trained yourself
☐ Puppy kindergarten (temperament & socialization)
☐ Group lessons – basic obedience
☐ Group lessons – advanced obedience
☐ Private trainer at home
☐ Sent away to trainer

Did you complete the dog's training? ☐ Yes ☐ No

What commands does your dog respond to readily?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Sit | <input type="checkbox"/> Fetch |
| <input type="checkbox"/> Stay | <input type="checkbox"/> Give |
| <input type="checkbox"/> Lie down | <input type="checkbox"/> Go to place |
| <input type="checkbox"/> Come | <input type="checkbox"/> Leave it |
| <input type="checkbox"/> Wait | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Hup (to jump) | <input type="checkbox"/> Off |
| <input type="checkbox"/> Heel | <input type="checkbox"/> Other |

Where did you go for training? _____

Who was the trainer? _____

Please use the next page to write any additional details that you may think will be helpful.

Use this page to provide additional information:

(Place a check mark in all appropriate columns)

Stimulus	Bark	Growl	Snarl / bare teeth	Snap / bite	No reaction	Not applicable
1. pet dog						
2. hug dog						
3. kiss dog						
4. lift dog						
5. call off furniture						
6. push/pull off furniture						
7. approach on furniture						
8. disturb while resting / sleeping						
9. approach while eating						
10. touch while eating						
11. take dog food away						
12. take human food away						
13. take water dish away						
14. take valuable bone away						
15. take object dog should not have away						
16. approach when dog has toy						
17. verbally punish						
18. physically punish						
19. speak to dog (normal tone)						
20. stare at dog						
21. bend over dog						
22. push on shoulders or back						
23. approach dog near spouse						
24. enter room						
25. leave room						
26. reach toward dog						

Stimulus	Bark	Growl	Snarl / bare teeth	Snap / bite	No reaction	Not applicable
27. leash restraint						
28. collar restraint						
29. scruff restraint						
30. leash on / off						
31. collar on / off						
32. bathe dog						
33. towel dog						
34. groom / brush dog						
35. dog at groomer's						
36. someone approaches dog's owner						
37. someone touches dog's owner						
38. someone yells at dog's owner						
39. leash / collar correction						
40. response to "sit"						
41. response to "down"						
42. someone approaches you while on a walk						
43. a dog approaches you while on a walk						
44. someone approaches your home or yard						
45. someone approaches your car while alone						
46. someone approaches your car with you in it						