

RED-BEAU CANINE TRAINING BEHAVIOR QUESTIONNAIRE



 **OWNER INFORMATION:**

Name: _____

Address: _____

Home phone: _____

Work phone: _____

E-mail: _____

 **DOG INFORMATION:**

Name: _____

Breed: _____

Sex: _____

Age: _____ How Long Owned: _____

Weight: _____

Any current medical problems? If so please list: _____

Medications the dog is taking: _____

Neutered? _____

Age dog neutered: _____

Where did you obtain this dog? _____

Breeder (if applicable): _____

Behavior of parents/litter mates (if known): _____



NUTRITION

- a) What type food do you feed your dog? _____
- b) How often? _____
- c) Where is dog fed? _____
- d) Who feeds dog? _____
- e) Describe eating habits (ie: picky or voracious, etc): _____
- f) List examples of treats given and how often: _____
- g) Favorite treats: _____
- h) List and supplements given and frequency: _____



EXERCISE

- a) Type of exercise: _____
- b) Amount and frequency of exercise: _____
- c) Who exercises dog: _____
- d) Amount/frequency of play: _____
- e) Who plays with dog: _____
- f) Favorite game: _____
- g) Favorite toy: _____
- h) Describe where dog stays at each of the following times:
 - Daytime (owner home): _____
 - Daytime (owner away): _____
 - Nighttime: _____
 - When guests visit: _____
- i) How long is the dog home alone each day: _____

EXERCISE Continued

- j) Dogs reaction when left alone: _____
- k) Reaction prior to departure? _____
- l) Reaction at homecoming? _____
- m) Is the dog ever alone outdoors: If so, how often: _____
- n) What is the longest amount of time dog is ever left outdoors alone? _____
- o) How does your dog react to car rides? _____
- p) Do you ever leave your dog alone in the car? How long?? _____



PRINCIPAL COMPLAINT

- a) What is the primary problem: _____
- b) Describe the severity of the problem: mild/moderate/severe _____
- c) Have you considered euthanasia? _____
- d) Describe the problem /incidents that have happened in the past: _____
- e) What age was your dog when the problem first started? _____
- f) How often does the problem occur: _____
- g) Has there been a recent change in frequency or severity of this problem? _____
- h) Were there any changes in the home when you first noticed the problem start? _____
- i) What treatment/action have you tried so far to deal with this problem? _____
- j) What was the dog's response? _____
- k) Has any action on your part been successful? _____
- l) Has any action that you have tried made it worse? _____
- m) List any drugs tried and the dog's response to the medication: _____
- n) What do you think is the reason for your dog's problem? _____



FAMILY/RELATIONSHIPS

- a) List each family member or person that has contact with dog (on a regular basis) and include their age: _____

- b) Describe how your dog gets along with each of them: _____

- c) Briefly describe the family schedule pertaining to the dog, when people come and go and when dog is left alone: _____

- d) List all other dogs, species/breed/age/sex: _____
- e) How do they get along with your dog? _____



TRAINING

- a) Describe any previous training: _____
- b) What age was training started: _____
- c) Outcome of training? _____
- d) Describe your dog's learning ability: _____
- e) Who took the dog to training sessions? _____
- f) What commands were the most successful? _____
- g) Are they still practiced and do they work successfully? _____
- h) What commands (sit, down, stay, come & heal) are least successful? _____
- i) What situations are the commands least successful? _____
- j) Which family members have the best/least control? _____
- k) How would you describe dog's personality? _____



HANDLING

How does your dog react to the following:

- a) Nail trimming: _____

HANDLING Continued

- b) Giving medication: _____
- c) Cleaning ears: _____
- d) Grooming: _____
- e) Bathing: _____
- f) Petting: _____
- g) Rubbing belly: _____
- h) Being lifted up: _____
- i) Being rolled over: _____
- j) Grasping collar: _____

How does your dog react to:

- a) Familiar dogs on property: _____
- b) Familiar dogs off property: _____
- c) Unfamiliar dogs coming on property: _____
- d) Meeting unfamiliar dogs off property: _____
- e) Strangers on property: _____
- f) Strangers off property: _____
- g) Strangers arriving at door: _____



CRATE TRAINING

- a) Have you ever used a crate for confinement? If yes, when? _____
- b) Do you still use a crate? _____
- c) How long was the crate used? _____
- d) When and why did you stop (if applicable)? _____
- e) Describe the dogs reaction to being crated: _____

CRATE TRAINING Continued

- f) Was the crate ever used for punishment? _____
- g) Crate location: _____
- h) Describe type of crate used: _____



PUNISHMENT

- a) Describe any form of punishment you have tried with your dog ie: physical, verbal, etc... _____
- b) Also, let us know how you think dog reacts to forms that you have tried - what is most/least successful: _____

- c) Does any form of punishment that you have tried make the situation worse? _____
- d) Which family members are the most successful with any form of punishment? _____
- e) Type of punishment used? _____
- f) Which are the least successful? _____



AGGRESSION DATA

- a) Is your dog aggressive to family members? _____
- b) If so, who and describe: _____
- c) List any people that your dog is aggressive towards: _____
- d) Any certain types ie: children/delivery people etc.... _____
- e) Has your dog ever bitten hard enough to break skin or cause injury? _____
- f) If so, please describe: _____
- g) Are there any other situations where your dog shows aggression/growling: _____
- h) Does your dog ever act aggressive or threatening during routine situations ie: eating, petting, with bones etc... If so describe: _____
- i) Is there a particular type of handling that leads to aggression ie: nail trimming, grooming etc... _____

AGGRESSION DATA Continued

- j) Was there an illness or health problem when this problem started? _____
- k) Does your dog become aggressive with any particular type of handling? _____
- l) What is your response when dog becomes aggressive? _____
- m) Does your dog act fearful at the time of aggression? _____
- n) Please describe situations and reaction of dog: _____



OTHER PROBLEMS Yes/No Circle One (if yes please describe)

- a) Excitability Yes No _____
- b) Roaming Yes No _____
- c) Mounting Yes No _____
- d) Urine marking Yes No _____
- e) Excessive chewing/licking of self Yes No _____
- f) Tail biting Yes No _____
- g) Tail chasing Yes No _____
- h) Fly chasing Yes No _____
- i) Uncontrollable urination when excited Yes No _____
- j) Uncontrollable urination when frightened Yes No _____
- k) Urinating while sleeping Yes No _____
- l) Eats non-food items Yes No _____
- m) Licks objects Yes No _____
- n) Sleep disorders Yes No _____
- o) Masturbation Yes No _____
- p) Overactive Yes No _____
- q) Phobias Yes No _____

OTHER PROBLEMS Continued (if yes please describe)

- r) Shy or timid Yes No _____
- s) Destructive digging Yes No _____
- t) Destructive chewing Yes No _____
- u) Barking Yes No _____
- v) Howling Yes No _____
- w) Whining Yes No _____
- x) House soiling Yes No _____
- y) Stool eating Yes No _____
- z) Chasing objects Yes No _____
- aa) Jumping on people Yes No _____
- bb) On furniture where not permitted Yes No _____
- cc) Garbage raiding Yes No _____
- dd) Food stealing Yes No _____
- ee) Pushy - wants own way Yes No _____
- ff) Disobedience:
 - Runs away Yes No _____
 - Won't come when called Yes No _____
 - Only listens when feels like it Yes No _____



Canine Training &
Behavior Specialists

Chris Booth

Certified Trainer

Chris@Red-Beau.com

843-384-9325

21 Song Sparrow Lane • Hilton Head Island, SC 29928-3094