

Questionnaire (Canine)

Your reservation is _____.

Please fill out as far as you can see.

It is appreciated if you could send this until _____.

Your movie of concerning behavior and the favorite treat are greatly helpful for our consultation and training session

You can send this form via WhatsApp, E mail or postal delivery.

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Owner Information			
Name		Birth day	
Address	〒		
Phone #			

Basic Canine Information			
Name		Breeds	
Sex	Female • Male	Spayed or Neutered	Spayed • Neutered
Birth day		Age	
When acquired			
Date of Rabies Vaccine Update		Date of Combination Vaccine Update	
Family vet		Favorite Grooming Salon	
What media Introduce this service?	Newspaper • magazine • TV • Radio • Facebook • SNS • Search Engine • Flyer • Poster Recommendation (Friend • Veterinarian • Grooming salon • Pet shop)		

*We use your personal information ONLY for contacting from our services.

©About Case Report (Movie • Photo • Outcomes)

For clinical behavior' s development, we may present our counseling report on our seminar, book and web in a non-personally identifiable form.

Would you agree with our case report ?

☐ Agree ☐ Disagree

【 Canine Questionnaire 】

< 1. The Current Problem >

1.1 Describe the problem you are currently experiencing with your dog.

1.2 How often does it occur?

1.3 How old was the dog when the problem began?

1.4 Has the frequency, seriousness of the problem changed?

1.5 Describe the common situation (When, Where, Whom, What) the problem usually occurs.

1.6 Describe specific event you are concerning most.

Event #1 (Date : / /)

Event #2 (Date : / /)

Event #3 (Date : / /)

Other events (Date : / /)

1.7 For coping with the problem,

—What was your reaction? Ex) Consult with friends, Punished by snapping

—Have you asked professionalizes about it?

a) Behaviorist b) Veterinarian c) Dog trainer d) Groomer e) Pet shop staff
f) The other ()

—What was the recommendations, and until when had you tried?

—Was it helpful for the problem?

☐ Yes ☐ No

1.8 How do you feel when the problem happens? And how do you interact with your dog while the problem happening.

1.9 Do you suspect any cause?

< 2. Medical History >

2.1 Provide medical history (infection/surgeries) and prescribed treatment:

History: Treatment:

History: Treatment:

History: Treatment:

2.2 Current/regular medications (Such as allergy, heartworm, herbal, over the counter, pain medication, supplements, topical flea and tick treatment):

Medication: Dose: Frequency given:

Medication: Dose: Frequency given:

Medication: Dose: Frequency given:

2.3 Has there been any change in the following?

Eating:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:
Drinking:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:
Urination:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:

2.4 Have you noticed any of the following?

<input type="checkbox"/> Coughing	<input type="checkbox"/> Sneezing	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Eye issue	<input type="checkbox"/> Ear issue	<input type="checkbox"/> Mouse issue	<input type="checkbox"/> Skin issue

2.5 Has your dog ever been treated for its behavior in the past?

☐ Yes ☐ No

If so, describe the treatment and medication (if applicable):

Medication: Dose:

Medication: Dose:

Medication: Dose:

2.6 Does your dog have seizure or has it ever had nay seizure?

☐ Yes ☐ No

< 3. Household >

3.1 Current Human Household Members:

Relation	Sex	Age:	Time at home
Yourself:			

3.2 Describe the relationship with you/your family members and your dog.

3.3 Other House hold Pets:

Name	Type & Breed	Sex	Spayrd or neutered	Age	Relationship with dog (fight, play, avoid)
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

3.4 Sketch your home (floor) map below. Please include yard, upper floor and basement if applicable.

< 4. Origin of Canine >

4.1 Form which you acquired the dog?

- a) Pet shop b) Breeder c) Acquaintance • Friend e) Strayed
f) Animal Control/Caring Center g) Animal Protection Group
f) Other ()

4.2 What was the reason for choosing this breed?

4.3 Have you ever had any experience raising dogs?

- ☐ Yes ☐ No

4.4 Have you seen the related family dog (Parents, Sisters, Brothers) of the dog?

- ☐ Yes ☐ No

If answer is Yse,,

Did they had any behavioral issue?

4.5 Was the dog risen by someone else?

- a) No b) By one family c) By two or more families

<5.Diet and Feeding Habits>

5.1 Type(s) of food:

- a) Dry b) Canned c) Both

5.2 Brand(s):

5.3 Describe your dog's appetite:

- a) Good b) Average c) Poor

5.4 At what speed does it typically eat?

- a) Fast b) Slow

5.5 How much food is given and at what approximate time of day is food given?

Quantity of food:_____.

Time(s) of day:_____.

5.6 Who is primarily responsible for the feeding? _____.

5.7 Where is the dog fed ? (physically & in relation to ther dogs) _____.

5.8 What are your dog's favorite foods? _____.

5.9 When do you give these favorite foods? _____.

5.10 Do you add any supplements to your dog's diet? ☐ Yes • ☐ No

If so, provide details: _____.

5.11 How much water does your dog drink in a day (in liters)? _____.

How many water bowls are provide? _____.

< 6. Daily Activities >

6.1 Describe your dog's typical daily routine below.

(Include getting up~going to bed, walking, isolated time etc... with time)

6:00		18:00	
12:00		24:00	

6.2 Does your dog have own dedicated area? ☐ Yes • ☐ No

If so, what it is?

- a) Circle b) Crate c) Other (_____)
- What the size is? _____.
- How much time is spent daily? _____.

6.3 Is your dog free indoors or on leash? Free range • On leash

6.4 Where does your dog sleep at night.

- a) Outdoor b) Free range indoor c) Dedicated bed d) Family's bed
- e) Inside the circle f) Inside the cage g) Other (_____)

6.5 Does your dog have daily time isolated from family. _____ Hours a day

6.6 What is your dog like when you get home?

- a) Come obediently b) Excited intensely c) Run away
- d) Other (_____)

6.7 How much time your dog stay in 2 meters from family members. _____ Hours a day

6.8 What kind of excise does your dog have daily? Provide the length of each kind.

- a) Walking with leash _____.
- b) Walking without leash _____.
- c) Roaming independent with family _____.
- d) Free walking in backyard _____.
- e) Paly with toy outdoors _____.
- f) Paly with toy indoors _____.
- g) Other (_____) _____.

6.9 How long does your dog stay outside in a day?

- a) NA b) Less than 1 hour c) 1~2 hours d) 2~6 hours e) More than 6 hours

6.10 How do you play with your dog?

6.11 What kind of toys for dog do you have?

- a) Nothing b) Throwing toy c) Biting toy d) Puzzle feeder
- e) Others (_____)

6.12 Does your dog have regular opportunities to socialize with the other dogs?

☐ Yes • ☐ No

If so, describe the situation and interaction between them?

6.13 Does your dog excrete at home? ☐ Yes • ☐ No

If so, what is it ? a) Stool b) Urine c) Both

Where does your dog excrete?

< 7. Training >

7.1 Has your dog ever attended trainig classes? ☐ Yes • ☐ No

If so, provide details (where, when, age, handler):

7.2 What is name of training facilities?

7.3 When did you begin the training?

7.4 Which family member has trained your dog?

7.5 What type of training techniques were used?
What had you learned and tried ever?

7.6 (In case of training facility) How long had you continue the training?

< 8. Owner >

8.1 Do you have any chronic illness or other problems? ☐ Yes • ☐ No

If so, provide details :

8.2 Do you have concerns or trouble with beginning training for your dog? ☐ Yes • ☐ No

If so, provide details :

Aggression Screening Chart

Even if aggression is not your problem, please fill out this chart.

Describe dog's reaction for each situations.

Fill “☉” when dog always show the behavior.

Fill “◯” when dog sometimes show the behavior.

Fill “△” when dog rarely show the behavior.

	Bite	Snarl	Growling	No aggression	Never tried	The other reactions
1. Petted						
2. Hugged						
3. Taken down from a sofa and bed						
4. A family passed by while on a sofa and bed						
5. A family passed by while sleeping						
6. Touched while sleeping						
7. A family passed by dog's cage						
8. Approached while eating						
9. Touched while eating						
10. Touched the food while eating it						
11. A family add the food while it is eating						
12. Removed the food bowl while it is eating						
13. Removed the water bowl while it is eating						
14. Removed the empty food/water bowl						
15. A family approached to dog while holding its favorite food or toy						
16. Removed the it's favorite food						
17. Removed the it's toy						
18. A family take back the stolen item from it						
19. Given a command						
20. Scolded						
21. A family pretend to snap it						
22. Snapped						
23. Grabbed dog's muzzle						
24. Grabbed dog's collar or neck						
25. Punishment with leash or caller						
26. A family gazing it 10 seconds						
27. A family entered the room where it has been.						
28. Left alone in a room						
29. Taken on/off the leash						

30. Taken on/off the collar						
31. Wiped its foot						
32. Bathed						
33. Wiped with towel						
34. Brushed						
35. Touched around its face and muzzle						
36. Clipped its nail						
37. Administered eye drops, ear drops, oral medicine						
38. To groomer						
39. To veterinary staff						
40. When an adult stranger came into the yard or house						
41. When a child stranger came into the yard or house.						
42. When familiar adult came into the yard or house						
43. When familiar child came into the yard or house						
44. To passerby out of house						
45. To people out of car						
46. To unfamiliar adult approaching while walking						
47. To unfamiliar child approaching while walking						
48. To the other dogs while walking						
49. To the cats and small animals while walking						

< 9. Treatment >

9.1 Choose the following which describe your current idea for treatment most.

- 1 .The problem is NOT serious, but I am interested in what I can do for it.
- 2 .The problem is NOT serious, but I wish it to stop if possible.
- 3 .The problem is serious, but I would not relinquish it even when the problem continue.
- 4 .The problem is serious and I would have to relinquish or euthanasia it unless problem solved.

9.2 How much time could you use daily for the treatment of this problem.

_____ Hours a day.

9.3 If the medication is the choice, would you wish to use it?

- a) I wish to use it.
- b) I may wish after satisfying explanation.
- c) I wish NOT to use it if we can.
- d) I will NEVER use it.

< 10. Aggression Section > (if applicable)

10.1 Describe the most recent incident and the setting in which it occurred (be precise):

10.2 Where was the dog?

10.3 Where was everyone else in relation to the dog?

10.4 What was everyone doing prior to the incident?

10.5 What was the dog's body posture (position of ears, tail, face, hair on back)?

10.6 What was your reaction or response?

10.7 What was the dog's reaction to your response?

10.8 Was any form of punishment used? If so, give details:

☐ Yes ☐ No Details:

10.9 Was there a bite wound?

☐ Puncture ☐ Tear

10.10 Describe the previous three incidents prior to the most recent incident:

1

2

3

10.11 How frequently does this type of incident occur?

☐ Several times a day ☐ Daily ☐ Several times a week
☐ Weekly ☐ Monthly ☐ Other:

10.12 Does this problem occur when the dog is left alone?

☐ Always ☐ Sometimes ☐ Never

10.13 Does this problem occur when family members are present?

☐ Always ☐ Sometimes ☐ Never

10.14 What has been done to correct the problem?

10.15 Is the problem getting better or worse?

☐ Better ☐ Worse ☐ No change

10.16 Do you suspect any cause?