

## Client Questionnaire



Please complete the below information and questionnaire about your dog then email it to [info@woodsveterinarybehaviour.com](mailto:info@woodsveterinarybehaviour.com). Please let me know if you need this document in a different format or would prefer it to be posted to you.

### Care giver details

Title:

Surname:

First Name:

Address:

Phone:

Email:

Occupation:

### Family members

Name	Relationship	Age	Amount of time spent at home	Additional comments

Is your pet insured?  Yes  No

What is the Company and policy name?

Is your pet covered for behaviour?  Yes  No

### You pet's details

Name:

Age:

Date of Birth:

Breed:

Sex and neuter status:

Date of neuter:

Weight:

### Other pets in your household:

Name	Age	Date of Birth	Species	Breed	Sex and neuter status:	Relationship with referred pet

## Introductory Questionnaire

1. Where did you adopt your dog from?
2. At what age did you bring your dog home?
3. Reason(s) for adopting this dog?
4. What does your dog get to eat as their main meals?
5. When does your dog get fed?
6. What are your dog's favourite foods?
7. Is your dog a fussy eater at times?  Yes  No
8. How often and for how long do you walk your dog?
9. What equipment do you use for walking?
10. Where and for how long does your dog sleep?  
At night:  
During the day:
11. Is your dog on any regular medications or supplements?

**Behaviour Questionnaire**

1. Please describe the problems you are having with your dog:

2. When did you first notice this occurring?

3. Is your dog currently or previously on any medications or supplements for their behaviour?

Yes  No

If yes, please provide details:

4. Do any of the below describe how your pet greets unfamiliar people?

	Yes	No
Greets with enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>
Keeps their distance	<input type="checkbox"/>	<input type="checkbox"/>
Barks	<input type="checkbox"/>	<input type="checkbox"/>
Growls or bites	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state):		

5. Does your dog show aggression? (Barking, growling, snapping, biting)?  Yes  No

6. Has your dog bitten someone?  Yes  No

If yes, please provide details:

7. Has your dog ever bitten another animal?  Yes  No

If yes, please provide details:

8. Has your dog previously attended private or group training classes?  Yes  No

If yes, please provide details:

9. Any extra comments or details you would like to add?

## **Consent**

Based on the information provided above, by signing and returning this form you are agreeing to proceed with the referral process.

Questionnaire completed by (please print):

Signature:

Date:

### **GDPR consent**

Woods Veterinary Behaviour collects and processes the above personal data when you engage with our services and will be treated as strictly confidential. This information needs to be collected and retained in order to facilitate the service of behavioural referral, involving internal record keeping and completion of correspondence with you and your referring veterinarian. You are under no obligation to provide us with your personal data but failure to do so will hinder the service we can provide to you. All data collected will be used solely for this purpose and will not be shared with third parties except with your referring veterinarian unless further consent is given.

Due to the nature of our business we need to store data for a long time for insurance purposes and in case of re-referral. Unless you request us to remove your personal data, we will retain it for a minimum of 15 years after last contact, after which it may be securely deleted.

If you would like a copy of the personal data we hold, believe any of your information in our possession is incorrect, wish to cease correspondence with us or for us to remove your information from our system, please contact us and we will take the necessary steps subject to legal regulation - within 28 days of receipt.

I consent to my information being collected and processed as outlined above  Yes  No

Signature:

Date:

### **Video and photo consent**

During the consultation videos and pictures may be taken to facilitate assessment and enable review of observations gathered during the consultation.

I give consent for:

Videos and photos to be taken and used only for the purposes of the consultation

Yes  No

Videos and photos to be taken and used for educational and promotional purposes on the Woods Veterinary Facebook page and/or website.

Yes  No