



Dr. Ann-Kathrin Fritsche

Tierärztin

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<https://tierverhalten.berlin>

Questionnaire dog - behavior

Owner name:

Address:

Telephone number:

E-mail address:

Consent according to Art. 6 Para. 1 Clause 1 a) in conjunction with Art.7 General Data Protection Regulation (GDPR)

I agree that my data collected, processed, used and stored for treatment and advice. I have been advised that the personal data collected from me for the purposes mentioned above will be collected, processed, used and transmitted in compliance with the European Data Protection Act (GDPR). This includes, among other things, the referral back to the veterinarian as well as the sending of therapy plans or appointments by email. The collection, processing and use of my data takes place on a voluntary basis. The consent can be refused or revoked at any time with effect for the future, with the result that treatment can no longer take place.

I agree.

I do not agree.

I will send my declaration of revocation to:

Dr. Ann-Kathrin Fritsche, Wilhelm-Stolze-Str. 32, 10249 Berlin
kontakt@tierverhalten.Berlin

In the event of revocation, my data will be deleted when my declaration of revocation is received.

I undertake to pay the treatment / therapy costs incurred in the following form.

Cash payment

EC

Berlin, on _____

_____ Signature.

Dog name:

Breed:

Gender:

Weight:

Age:

Castration:

Age at acquisition:

Origin:

Where do you live (city, countryside):

House size:

Number of people in the household:

Number of children:

Other animals in the household?

Number of walks daily:

How long each:

On a leash?

How often does he play on walks with other dogs?

Veterinarian:

Illnesses:

Medication:

Last examination:

Does your dog sit on command?

Does your dog lie down on command?

Does your dog come on command?

Obedience training at home?

Use of treats?

Obedience training in the dog school?

Use of treats?

The dog is:

nervous
very calm
overactive
intrusive
stubborn
loving
playful
obedient

Please respond Yes or No with explanation (Often Sometimes Never)

Steals food -
Eats feces -
Sexual behavior towards people -
Masturbation -
Excessive fear response -
Excessive scratching / grooming -
Disobedience -
Difficult to control -
Defending objects against family members -
Excessive barking and growling against strangers -

Please answer with YES or NO:

Do you consider your dog a family member?
Can he sleep in bed with family members?
Can he go on furniture?
Are you taking him on vacation?
Is he getting food from the table?
Do you share snacks with him?
Do you speak to him at least once a day?

Please describe the problematic behavior of your dog and the circumstances in which it occurs:

(If several problems are noticeable, please number the anomalies according to the perceived severity.)