

Behavior Questionnaire: Canine

Please return this questionnaire to us at least 7 days prior to your appointment date. This allows us time to review your dog's case, and come up with a treatment plan specifically for them. If we do not receive the questionnaire in that timeframe, we will need to reschedule your appointment.

Please fill out this questionnaire to the best of your ability. If an answer is not known, please write in "unknown". Answer all questions included in the packet, unless it states to skip a section due to your previous answer. Even if you think the question might not pertain to your dog's case, it can provide us with very valuable information to help us make a treatment plan for your dog.

If you need to you can attach extra sheets of paper with a detailed response if you need more room for your answer (we love details!) please write the question at the top of the paper so we can easily see which question your response goes to.

There is no such thing as too much detail when it comes to behavior, and if you have any videos or photos please forward them to us, or show me at your appointment.

General Information:

Date: _____

Client Name: _____, _____
Last First

Address: _____, _____, _____, _____
Street City State Zip

Email: _____ Primary Phone: _____
Secondary Phone: _____

Do you or anyone in your family have any food allergies? Yes No
If yes, please list below:

Patient Information:

Pet Name: _____ Breed: _____

DOB/estimated age: _____ Sex: Male Female

Spayed/Neutered: Yes No Age at Spay/Neuter: _____

Age when adopted: _____ Date adopted: _____

Where did you obtain your dog?

Why did you adopt your dog?

If you got your dog as a puppy, describe their behavior/personality as a puppy:

Did your dog have previous owners? Yes No Unknown

If yes, please describe previous homes (where, time frame, with who, foster home, shelter, etc)

Is your dog potty trained/house trained? Yes No

Describe your dog's personality:

What are some good qualities about your dog?

Home Environment:

List each family member in your household (include yourself):

Name	Occupation	Relationship	Sex	Age	Describe how they get along with dog	Check box if they will be present at appt.

List other pets in the household:

Name	Species	Breed	Sex	Spay/Neuter Yes/No	Age	Describe how they get along with dog

List the order below in which you obtained the pets: (#1 is who you had first)

Describe in detail your house, yard, and neighborhood: (number of floors, apartment, house, condo, fenced in yard, type of fence, in the city, etc)

Behavior Concern(s):

Describe in detail the primary problem:

*Please include specifics such as when the problem started, frequency of events, what your dog does in detail, approximate or exact dates, and the result of the behavior(s).

If additional concerns please list specifics below:

What do you think caused the problem(s)?

Describe at least 3 specific incidents in detail:

*Include who was present, what occurred, be specific

Describe what has been implemented to resolve your dog's behavior problem(s) and the outcome:

List any and all medications/supplements that your dog currently takes:

Date started	Drug Name	Strength	Frequency	Purpose/Outcome	Comments

List any previous medications/supplements that have been tried for behavior, and why they were stopped:

Please let us know how you feel about using medications for behavior problems:

-Select your preference number

1. I wish to use behavior modification alone to improve my pets behavior problems
2. I wish to use behavior modification alone, but will consider using medications if advised by the veterinarian
3. I wish to use a combination of behavior modification and medications to improve my pets behavior problem
4. I wish to use a combination of behavior modification and supplements to improve my pets behavior problem
5. I fully anticipate using medications to improve my pets behavior problem

-Your preferences will be considered as the veterinary care team recommends an approach that best fits your pets behavior*

Medical Information:

Please list and describe any current, pre-existing, or ongoing medical problems:

*Medications should be listed in the above chart

Diet/Nutrition:

Describe meals and feeding routine:

-Please include food brand, type, amount, frequency

Does your dog have any food allergies? Yes No

If yes, please describe:

Is your dog meal fed? Or is food out at all times?

Where is your dog fed at?

Include room and location of food bowl:

Does your dog finish each meal? Yes No

Describe treats: Types, brand, when they are given

What are your dogs favorite treats?:

Activities/Exercise:

Describe a typical 24hr day for your dog and family: Include specifics regarding when you get up, walks, exercise, playtime, rest time, when they are alone, work/school schedules, when specific behaviors occur, etc.

What is your dog's activity level in general? Circle answer:

Low Average High Excessive

How do you exercise your dog? Please describe:

What is your dog walked using?

Choke Chain Flat Collar Gentle Leader Harness
Easy Walk Harness Off Leash Prong Collar

Please list reason for selection of tool(s) above:

On average, how many hours of walking exercise does your dog receive?

Does your dog have a favorite game they like to play? Or a favorite toy?

Yes No

If yes, please describe:

Where is your dog's preferred sleeping spot during daytime hours? Please describe below:

Where does your dog sleep at night?

Do you use a crate for your dog? Yes No

If yes, please describe the crate or confinement area and its location:

If you no longer use a crate or confinement area for your dog, when and why did you stop?

Does your dog wake you up at night? Yes No

If yes, please describe:

Training:

Has your dog taken any training classes? Yes No

If yes, please describe any dog training classes or individual sessions your dog has taken: (including puppy classes, obedience, agility, field training, etc.)

Where did your dog take the classes/who did the training?

Describe the type of training methods you have implemented and why?

Describe any specialized training you have done with your dog:
(agility, fly ball, hunting, retrieving, protection, etc)

Does your dog know any tricks? Yes No

If yes, please list and describe them below:

Describe your dogs learning ability:

Please indicate how your dog responds to the following commands:

	Excellent	Good	Fair	Poor	Never	Comments
Sit						
Down						
Come (inside)						
Come (outside)						
Come (in public)						
Walk w/ loose leash						
Give/Drop toy						
Give/Drop stolen item						

Have you ever used any of the following for punishment?

	Never tried	tried	Use often	Comments
Verbal reprimands				
Physical punishment				
Muzzle grasp				
Lift off the ground				
pinning/rolling				
noise				
Water sprayer				
Citronella/Air sprayer				
Time out				
Shock collar				
Citronella collar				
Prong collar				
Choke chain				

Separation Anxiety:

Can your dog be confined/crated without showing distress? Yes No

If no, please explain:

Describe how your dog is crated or confined when you leave the house:

Please include specifics

How does your dog react when you prepare to leave the house? Please describe:

Please describe your morning routine/routine prior to leaving the house:
Include details like putting on shoes/coat, grabbing keys, if you say anything to your dog, etc

How long is your dog left alone on an average day?

When is your dog left alone on an average day?
Include time frames, days of the week:

Describe any misbehaviors that occur when your dog is alone:

Have you recorded any videos/audio of how your dog behaves when they are left alone? Yes No
If yes, please send them to us!

What is your dog's reaction to homecomings?

What is your routine with your dog when you get home?
Please include if you greet or talk to your dog, what you say to them, etc

How does your dog react when left alone in a car?

Is your dog ever alone outside? Yes No
If yes, How often? For how long?

How is your dog contained/restricted when left outside?

How does your dog react to being left alone outside?

Does your dog ever run away? Yes No

Elimination Training (Potty Training):

Where is your dog's primary location for elimination?

Describe how your dog signals to you when they need to eliminate?

Is your dog completely house trained? Yes No
If no please continue, If yes then skip to next section

Does your dog soil in the home? Yes No
Is it urine, stool, or both?

How often does this occur?

Does your dog soil in a specific location? Multiple locations? Or random locations?
Please specify below:

What are the most likely locations for soiling? Please be specific

When is your dog most likely to soil in the house?

Does your dog housesoil when family members are home? Yes No
If yes, please describe when:

Does your dog housesoil while you're watching? Yes No

What is your reaction to the house soiling when it happens?

What is your dog's response to your reaction?

What do you do when you catch your dog soiling in an incorrect location?

What do you do when you find urine/stool in an improper location?

What is your dog's response?

Do you accompany your dog outside when they eliminate? Yes No

Do you confine your dog to a crate/room/pen? Yes No
If yes, does your dog eliminate in the crate/room/pen? Yes No

Does your dog leak urine or seem to lose control of their bladder? Yes No
If yes, describe when and where it happens:

Handling:

Please characterize your dogs reaction to the following:

It is not necessary to attempt these, just describe your experiences

	Enjoys	Accepts Willingly	Accepts Reluctantly	Resists	Aggression	Cannot Attempt	Comments
Nail trim							
Bathing							
Petting							
Brushing							
Belly Rubs							
Patting head							
hugging/kissing							
Being picked up							

Reactivity:

Indicate how your dog reacts to each of the following:

	Calm	Friendly	Excited	Uncertain	Confused	Fearful	Aggression	Comments/Describe how you react
Vet visits								
Familiar dogs								
Unfamiliar dogs								
kids								
Familiar people								
Unfamiliar people approaching at home								
Unfamiliar people approaching away from home								
Unfamiliar visitors to the home								
Approached while eating								
Approached while playing with toys								
Disturbed while resting								

How long after the exposure to these events is finished does your dog return to normal?

Does your dog exhibit fear of noises? Yes No

If yes, describe how they respond:

Aggression:

Does your dog demonstrate any aggression (biting/growling/snapping)? Yes No

Is aggression the primary reason for your behavior consultation? Yes No
If yes, please continue, if no then skip to next section

Has your dog ever displayed aggression to immediate family? Yes No

Has your dog ever displayed aggression to unfamiliar people? Yes No

Has your dog ever displayed aggression to unfamiliar dogs? Yes No

Has your dog ever displayed aggression to dogs living in the same house?

Yes No

Describe the most significant aggression event:

Be very detailed, who/what was present, when, and where

Describe the most recent aggression event:

How can you tell if your dog is about to be aggressive? Please describe

Describe how you respond or react to the situations:

Expectations:

Is there anything you want us to know about your dog and/or family?

Describe your goals and expectations for your dog:

Describe your goals and expectations for your behavior consultation:

Describe how you learn best: