

Ellen M. Lindell, V.M.D., D.A.C.V.B
Telephone (845)473-7406/Fax.(845)454-5181
P.O. Box 1605, Pleasant Valley, NY 12569
emlvmd@earthlink.net

BEHAVIOR QUESTIONNAIRE FOR DOGS

Client Name: _____
Address: _____
City, Zip: _____
Phone: H: _____
W: _____

Date: _____
Patient: _____
Species: _____
Breed: _____
Sex: _____ Color: _____
Age: _____ Weight: _____
Date of birth: (if known) _____

Veterinarian: _____
Clinic: _____
Address: _____
Phone: _____

Referred by (if other than veterinarian): _____

Medical History:

Is your dog neutered/spayed? YES / NO

If YES: at what age was the surgery performed? _____
reason for procedure: *routine / attempt to modify behavior*
any behavior changes after procedure? YES /NO

Provide dates for most recent vaccinations, if applicable:

Rabies: _____
Lyme Vaccine: _____

Canine Distemper/Parvovirus: _____
Leptospirosis: _____

Circle / list current medications:

Heartworm prevention: *Heartguard / Interceptor / DEC*
Flea/tick/mite control: *Advantage / Frontline / Preventic / collar / dips*
Antihistamine: *Benedryl / Chlorpheniramine / Other*
Antiinflammatory: *Aspirin / Advil / Prednisone / Rimadyl / Cosequin*
Thyroid hormone: _____
Antibiotic: _____
Other: _____

List conditions for which your dog has been treated, medication prescribed, and approximate dates:

Background Information:

Date (approximate) you acquired your dog: _____

Dog's age at the time: _____

Where did you get your dog? *SPCA / rescue group / pet shop / professional breeder / other*

Are you his/her first owner? *YES / NO*

If No, how many previous owners? _____ Do you know why he / she was given up? _____

Which traits describe your dog as a puppy: *friendly / outgoing / shy / fearful / aggressive / playful*

Please indicate the reason you decided to adopt this dog: *companionship / protection / show / other*

Have you owned pets before? *YES / NO*

How did you select this particular dog over the others? _____

Describe the temperament of your dog's mother: *friendly / shy / aggressive / N/A*

Describe the temperament of your dog's father: *friendly / shy / aggressive / N/A*

Please attach a copy of your dog's pedigree, if available.

Do you know the status of your dog's littermates? _____

Home Environment:

Describe your home as a *single family house / duplex / apartment / trailer*

Have you relocated since you've owned this dog? *YES / NO*

If Yes, please list approximate dates: _____

List all members of your household; ages of children; hours per day away from home:

	Name	Age (children)	Hours away
1.			
2.			
3.			
4.			
5.			

Please list all household pets in order acquired:

	Name	Species	Breed	Sex	Age	Age Acquired
1.						
2.						
3.						
4.						
5.						
6.						

Describe your dog's relationship to the others animals within the household:

Management:

Section 1: Please describe a typical 24-hour day in the life of your dog:

Section 2:

What % of the day does your dog spend indoors? _____%

Do you have a fenced yard? YES / NO Does your dog run unsupervised outdoors? _____

Where does your dog sleep at night? _____

Where is your dog's favorite resting spot when you are home? _____

Does your dog rest on your furniture? *often / sometimes / never*

Describe your dog's favorite toys: _____

Describe any interactive games that you play with your dog and note frequency:

Does your dog usually follow you from room to room? YES / NO

Does your dog have free access to the house when you leave? YES / NO

If NO, describe type of confinement: *crate / gate / closed door / tie / other*

How does your dog behave when you prepare to leave home? *no reaction / looks "sad" / hides / pants / paces / salivates / whines*

How does your dog behave when you return home? *no reaction / greet / brief excitement / excited for > 10 minutes / hides*

Circle any of the following items that your dog chews or scratches:(occasionally/frequently)

eyeglasses / clothing / trash / doors / window frames / telephones / remote controls / furniture / plants

What specific brand and type of food do you feed your dog? _____

How long have you been feeding your dog this diet? _____

Number of meals per day: *1 / 2 / 3 / ad lib*

Which family members are responsible for feeding? _____

Location of bowl(s): *kitchen / laundry / basement / other* _____

When does your dog eat "table food"? *special occasions / after you have eaten / while you eat / never*

Dog's favorite treats: _____

Describe your dog's reaction to thunderstorms: *no reaction / hide / pace / cry / follow person*

Please describe your dog's overall activity level: *excessive / high / moderate / low / very low*

BEHAVIORAL DETAILS:

1. Please describe the **main behavior problem** or complaint:

2. Describe a typical episode:

a. The behavior occurs: ___ times per *day / week / month*

Please answer the following questions for the main problem:

When did you first notice the problem?

Describe the first incident:

Describe the most recent episode (include approximate date):

Please describe several representative episodes *in detail*. Include the posture of the dog (*ears up or back? tail wagging? tail up or down?*). Describe any vocalization by the dog (*growl?*).

_____ #1
approx. date

_____ #2
approx. date

_____ #3
approx. date

Has the frequency of the behavior *increased / decreased / remained unchanged?*

Has the intensity of the problem *increased / decreased / remained unchanged?*

When did the problem become a serious concern, and why did you decide to seek the advise of a veterinary behaviorist?

Circle any household changes that occurred within 3 months of the onset of the problem.

- a) status of household pets: *additional pet / loss of pet / illness*
- b) status of household people: *new member / loss of person / pregnancy / illness*
- c) change of employment status: *new location / new schedule*
- d) other changes?

What measures have you taken to correct the problem?

How do you generally discipline your dog, and how does (s)he respond?

Please subjectively rate your perception of the main behavior problem:

- 1. not serious
- 2. nuisance but tolerable
- 3. not tolerable but would keep this dog if behavior persists
- 4. not tolerable—will give away or euthanize dog if behavior persists

Please list any additional behavior problems or concerns you experience with your dog:

- | Behavior: | Frequency: |
|-----------|---|
| 1. | ___ times per <i>day / week / month</i> |
| 2. | ___ times per <i>day / week / month</i> |
| 3. | ___ times per <i>day / week / month</i> |

Aggression Survey: Please answer the following questions if your dog has bitten a person.

Indicate the age of your dog and circumstances surrounding the first snap or bite.

Number of bites requiring medical attention: _____

Who were the targets of the aggression? _____

Body parts bitten: *hands / arms / legs / face / chest / buttocks / other*

Is the aggression predictable? YES / NO

Do the attacks appear provoked? YES / NO

Is the dog docile afterward? YES / NO

Does he appear disoriented afterward? YES / NO

Does he appear sorry afterward? YES / NO

Do you notice a glazed expression during an attack? YES / NO

How does your dog behave toward visitors?

familiar visitors: *growls / barks / snaps or bites / friendly / shy / hides*

unfamiliar visitors: *growls / barks / snaps or bites / friendly / shy / hides*

children: *growls / barks / snaps or bites / friendly / shy / hides*

Please circle the most appropriate response to the following statements:

1. My dog mounts: household adults (*M / F*) / household children (*M / F*) / guests (*M / F*) / NA
a. The behavior occurs mainly *during play / when scolded / during greetings / other*
2. My dog mounts other animals or inanimate objects *often / occasionally / never*
3. My dog jumps up on family members or others without permission: *often / occasionally / never*
4. My dog paws at family members *often / occasionally / never*
5. My dog barks at family members *often / occasionally / never*
6. My dog barks excessively: *YES / NO*
7. My dog grooms himself/herself excessively: *YES / NO*
8. My dog urinates or defecates indoors in unacceptable locations: *often / occasionally / never*
How many weeks/months were required to train your dog? _____
Was a crate used? *YES / NO*

Obedience training:

Puppy kindergarten: Age of puppy during classes: _____ weeks

Group obedience classes: *Beginners / Intermediate / Novice / Open / Utility*

Other training: *Agility / Schutzhund / Rescue / Tracking / Breed Handling*

Private instruction (age of dog, name of trainer): _____

List show, obedience and other working titles:

Types of collars(s) used for training? *Flat buckle/choke (nylon or chain) / prong / electric / head halter*

For each family member, what % of the time does your dog respond to the following commands:

Person's Name	1)	2)	3)	4)
1 Sit				
2 Down				
3 Come				
4 Stay				
5 Heel				

Aggression Screen		N/R	Snarl	Growl	Bite/ Snap	Bark	N/A	Comments
1.	Pet dog							
2.	Hug dog/kiss dog							
3.	Lift dog							
4.	Approach/ pet while resting							
5.	Approach on furniture							
6.	Call off furniture							
7.	Pull off furniture							
8.	Approach while eating							
9.	Touch while eating							
10.	Take dog food dish							
11.	Take water dish							
12.	Take human food or treat							
13.	Take rawhide or bone							
14.	Approach when has bone							
15.	Take toy or coveted object							
16.	Approach when dog is near his/her special person							
17.	Enter or leave room							
18.	Stare at dog							
19.	Speak to dog							
20.	Visually threaten dog							
21.	Verbally punish							
22.	Physically punish							
23.	Give command to sit or down							
24.	Push into sit or down							
25.	Push on shoulder or rump							
26.	Restrain by leash							
27.	Restrain by collar							
28.	Put leash or collar on							
29.	Remove leash or collar							
30.	Reach for dog							
31.	Step over dog							
32.	Towel dry							
33.	Brush							
34.	Bathe							
35.	Trim nails							
36.	With veterinarian							
37.	With groomer							
38.	Unfamiliar adult or child enters house or yard							
39.	Unfamiliar dog enters house or yard							
40.	Familiar adult or child enters house or yard							
41.	On leash-person approaches							
42.	On leash-dog approaches							
43.	In house-people or dogs pass							
44.	In car-toll booth or gas station							
45.	Response to infant or toddler							
46.	Response to squirrel, cat							

N/R=NO REACTION

N/A=NOT APPLICABLE