

Veterinary Behavior Consultations, PC

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BEHAVIOR QUESTIONNAIRE for DOGS

Your Name		Date	
Address		Patient	
City, Zip		Breed	
Phone: cell		Gender	
Phone: home		Age / date of birth	
Phone: work		Weight	
email		Color	

Veterinarian	
Hospital	
Address	
Telephone	

Who referred you to us?

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*

were there any behavior changes after the procedure? YES / NO

Provide dates for most recent vaccinations:

Date	Rabies vaccine	Distemper / Parvovirus	Leptospirosis	Lyme	Other vaccines

What product(s) if any do you use for:

Heartworm prevention:

Flea / tick control:

List current medical conditions, medications and dosages:

List prior medical conditions, medications and dosages:

BACKGROUND INFORMATION:

Date you adopted your dog: Dog's age at the time:

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

Is this your dog's first home? *YES / NO*

if NOT: how many previous homes? 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*

Is this your first dog? *YES / NO*

How did you select this particular dog over the others?

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

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

Please provide a pedigree if available

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

HOME ENVIRONMENT:

Describe your home as a single family house / town house / apartment / trailer

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

If YES, please list approximate dates:

Please list all members of your household:

	Name	Age (children)	Hours away
1			
2			
3			
4			
5			
6			

Please list all household pets in order adopted:

	Name	Species	Breed	Gender	Age	Age when adopted
1						
2						
3						
4						
5						
6						

Describe your dog's relationship to the other household pets:

MANAGEMENT

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

Do you have a fenced yard? _____ Does your dog run unsupervised outdoors? _____

How often do you walk your dog? _____

How does your dog behave when you prepare to take him for a walk? *comes eagerly / neutral / hides / growls*

How does your dog behave when you prepare to take him for a car ride? *comes eagerly / neutral / hides / growls*

Where does your dog sleep at night? _____

Who wakes up first—you or your dog? _____

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: _____

How often do you brush your dog? *daily / weekly / occasionally / never*

How often does your dog groom himself? *occasionally / excessively*

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

Which of the following does your dog chew or scratch: *clothing / trash / doors / window frames / remotes / furniture*

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

How long have you been feeding this diet? _____ Number of meals per day: *1 / 2 / 3 / ad lib*

Which family members are responsible for feeding? _____

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

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

What are your dog's favorite treats: _____

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

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

BEHAVIORAL DETAILS:

1. Please describe your **main behavioral concern**:

2. Describe a typical episode:

2a. 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 earliest incident you can recall:

Describe the most recent episode (include approximate date):

Please describe several representative episodes. Include details such as your dog's posture (tail, ears) and any vocalization such as barking or growling.

_____ #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*?

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 manage the behavior?

Please subjectively rate your perception of the main behavior problem:

1. not serious: I am just curious about the behavior
2. nuisance but tolerable
3. serious but I would keep my dog if the behavior persists
4. not tolerable: I may give my dog away if the behavior persists
5. not tolerable: I may euthanize my dog if the behavior persists

Please briefly describe any additional behavioral problems or concerns you experience with your dog:

- 1.
- 2.
- 3.

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:

How many bites required medical attention? _____

Who was bitten?

Which of the following has your dog bitten: hands / arms / legs / face / chest / buttocks

Is your dog's aggression predictable?	YES / NO
Do the attacks appear unprovoked?	YES / NO
Is your dog docile afterward?	YES / NO
Is your dog disoriented afterward?	YES / NO
Does your dog appear sorry afterward?	YES / NO
Do you notice a glazed expression?	YES / NO

SOCIAL INTERACTIONS

Describe your dog's behavior toward visitors to your home:

- 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 indicate the most appropriate response to the following statements:

1. My dog mounts household adults / household children / guests / NA
 1a) 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

TRAINING

How many weeks/months were required to house train your dog? Was a crate used? YES / NO

How often does your dog urinate or defecate indoors in unacceptable locations? *often / occasionally / never*

How do you generally discipline your dog, and how does he or she respond?

Which training classes has your dog attended?

	Age	Name of trainer	Purpose of this training?	Were you satisfied with your dog's progress?
Puppy class				
Group training				
Private lessons				
Other				

Has your dog earned any show, obedience or other working titles?

What type of training collars do you use? flat buckle / martingale / choke / prong /electronic / head halter / harness

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

	Person's name	sit	down	come	stay	Don't pull
1						
2						
3						
4						
5						

PLEASE INDICATE YOUR DOG'S RESPONSE TO THE FOLLOWING:

	N/R	Hides	Follows me	Paces	Whines	Growls	Barks	Chases
Thunderstorm								
Rain								
Wind								
Fireworks								
Loud conversation								
Telephone								
Sudden noise (eg drop metal item)								
Vacuum cleaner								
Lawn mower								

AGGRESSION SCREEN

		N/R	Snarl	Growl	Snap	Bite	Bark	N/A	Notes
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 shoulders 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

