

CANINE BEHAVIOR CONSULTATION QUESTIONNAIRE

GENERAL INFORMATION		
Name: _____		Date of consultation: _____
Address: _____ _____		Postal (zip) code: _____
		Email: _____
Phone: Home: () _____	Business: () _____	Fax: () _____
For referred cases: Veterinarian's name & clinic: _____		Clinic phone: _____
Clinic address: _____		
How did you hear about our service? _____		

PET INFORMATION			
Pet's name: _____			Date of birth: _____
Weight: _____	Sex: M/F	Neutered: Y/N	Age neutered: _____
Any change after neutering? _____			
Breed: _____	Color: _____	Age obtained: _____	
Where did you obtain this pet? _____		Breeder (if applicable): _____	
Describe previous home/homes (if known): _____			
For what purpose was your pet obtained? _____			
Behavior of parents or littermates (if known): _____			
Briefly describe your dog's personality (e.g., quiet, confident, excitable, unruly, bold, stubborn, etc.) _____			

THE HOME ENVIRONMENT	
Type of food: _____	How often is your pet fed? _____
When fed? _____	Type of treat(s)? _____
How often do you give treats? _____	When do you give treats? _____
List any supplements: _____	
List all other pets, including species, breed, age, and sex: _____	
Describe how your pets get along with each other: _____	
List each family member living in the home (include sex and age of children): _____	
Describe briefly how your pet gets along with each family member including any problems: _____	

REINFORCER ASSESSMENT

What is your dog's favorite reward?

If you could give your dog ANY food as a reward, what would be the favorite? List the top five: _____

Other than food, what rewards (e.g., toy, affection) would be most enticing to your dog? List the top five: _____

DAILY ACTIVITIES AND ROUTINE

Type of exercise/play:

Who exercises/plays?

How often/how long?

Favorite game(s):

Favorite toy(s):

Where is your dog's favored sleeping spot?

Where does the dog sleep at night?

Have you ever used a crate for confinement? Y/N If yes, describe crate and location _____

Describe the dog's reaction to being crated?

Do you still use a crate? Y/N If no, when and why did you stop?

Briefly describe the usual daily schedule for the family: _____

TRAINING

Has this pet had obedience training? Y/N Class Private instructor I trained my pet at home

Describe training classes your dog has had (including trainer's name if applicable): _____

Type of training collar used

Dog's response

**Success (rate 1-5;
1 = poor, 5 = good)**

None, trained off leash

Neck collar Y/N If yes, indicate type:

Remote collar Y/N If yes, indicate type, i.e., shock, citronella, etc.

Head halter Y/N If yes, indicate type:

Body harness Y/N If yes, indicate type:

How would you describe the training? Reward-based Assertive/domineering Aversive/mostly corrections Other:

Briefly describe the training techniques:

What training was most successful?

What training was least successful?

Describe your dog's learning ability:

Is there any ongoing training? Y/N If yes, describe:

List family member(s) with most control: _____

List family member(s) with least control: _____

HOUSETRAINING SCREEN

Where is your dog's primary location for elimination?	
On average, how many times a day does your dog a) urinate _____ b) defecate _____	
Is your dog completely housetrained? Y/N	
If Yes, please proceed to Medical Screen If No, please continue to answer the following questions	
Does your dog ever eliminate outdoors? Y/N	Do you accompany your dog to its elimination site? Y/N
What is <i>your dog's</i> favored location outdoors?	
What is <i>your</i> preferred location for your dog to eliminate?	
What do you do after your dog eliminates in the correct location?	
What do you do when you catch your dog soiling in an incorrect location?	
Does your dog signal to eliminate? Y/N If yes, describe:	
About how often does your dog housesoil?	
When is the dog most likely to housesoil?	
Does your dog soil in the home by urinating, defecating indoors or both? (circle one)	
What are the most likely locations for indoor elimination?	
Does your dog housesoil when family members are at home? Y/N If yes, describe: _____	
Does your dog housesoil while you are watching? Y/N If yes, describe: _____	
What do you do when you find urine or stool in the improper location?	
Does your dog urine mark? Y/N If yes, describe:	
Does your dog ever eliminate in a location where he/she has been sleeping? Y/N	Does your dog ever leak/dribble urine? Y/N
Do you ever confine your dog to a crate? Y/N If yes, does your dog ever eliminate in the crate? Y/N	
Uncontrollable urination when excited? Y/N	Uncontrollable urination when frightened? Y/N
Does urine leak while your dog is a) sleeping? <input type="checkbox"/> b) walking? <input type="checkbox"/> c) approached by owners? <input type="checkbox"/> d) approached by stranger? <input type="checkbox"/>	

MEDICAL SCREEN

Appetite: Normal <input type="checkbox"/> Voracious <input type="checkbox"/> Decreased <input type="checkbox"/> Picky <input type="checkbox"/> Increased <input type="checkbox"/> Eats fast <input type="checkbox"/>						
Does your pet have any arthritis or other painful conditions? Y/N If yes, describe: _____						
Have you noticed any deficits in your pet's senses? Y/N If yes, describe: _____						
Does your pet drink or urinate excessively? Y/N If yes, describe: _____						
Stools: Normal <input type="checkbox"/> Constipation <input type="checkbox"/> Less frequent <input type="checkbox"/> More frequent <input type="checkbox"/> Soft/diarrhea <input type="checkbox"/>						
Urine: Normal <input type="checkbox"/> Infrequent <input type="checkbox"/> More frequent <input type="checkbox"/> More volume <input type="checkbox"/>						
Does your pet have normal eating and bowel movements? Y/N If no, describe: _____						
Does your pet have any other medical problems? Y/N If yes, describe: _____						
Is your pet presently on any medication? Y/N If yes, describe (include name, dosage, duration): _____						
Has your pet had any laboratory tests (blood, urine, X-rays, etc.)? Y/N If yes, indicate any abnormal findings: _____						
If this is a referred case, please have your veterinarian complete the medical section of this questionnaire						

DEPARTURE BEHAVIOR SCREENING

When you go out is your dog confined or crated? Y/N If yes, indicate if crated or what areas are restricted: _____

How long is the dog left alone on the average day?

At what time of the day is your dog left alone?

How does your dog react when you prepare to leave?

Has your dog ever been left at a kennel, veterinary office, or with a friend/relative?

If yes, describe your dog's reaction: _____

Is the dog ever alone outdoors? Y/N	How often?	How long (average)?
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Where is the dog left when outdoors?

How does your dog react to being left alone outdoors?

Does your dog exhibit any behavior problems when you leave it alone? Y/N

If No, proceed to Reactivity below **If Yes, please continue to answer the following questions**

Describe your dog's behavior when left alone at home (list problems and how long after departure they occur): _____

Does the behavior differ depending on length of time or time of day left alone? _____

How does your dog react at the time of departure (as the last person prepares to leave)? _____

Does the behavior differ depending on who is the last to leave? _____

What is the dog's reaction at homecomings? _____

Have you ever left the dog alone in the car? Y/N If yes, how does it react?

REACTIVITY – indicate how your dog reacts to each of the following (check all that apply)

Familiar dogs on property:	Calm <input type="checkbox"/>	Excited <input type="checkbox"/>	Ambivalent <input type="checkbox"/>	Fearful <input type="checkbox"/>	Friendly <input type="checkbox"/>	Aggressive <input type="checkbox"/>
Familiar dogs off property:	Calm <input type="checkbox"/>	Excited <input type="checkbox"/>	Ambivalent <input type="checkbox"/>	Fearful <input type="checkbox"/>	Friendly <input type="checkbox"/>	Aggressive <input type="checkbox"/>
New dogs on property:	Calm <input type="checkbox"/>	Excited <input type="checkbox"/>	Ambivalent <input type="checkbox"/>	Fearful <input type="checkbox"/>	Friendly <input type="checkbox"/>	Aggressive <input type="checkbox"/>
New dogs off property:	Calm <input type="checkbox"/>	Excited <input type="checkbox"/>	Ambivalent <input type="checkbox"/>	Fearful <input type="checkbox"/>	Friendly <input type="checkbox"/>	Aggressive <input type="checkbox"/>
Strangers outside on property:	Calm <input type="checkbox"/>	Excited <input type="checkbox"/>	Ambivalent <input type="checkbox"/>	Fearful <input type="checkbox"/>	Friendly <input type="checkbox"/>	Aggressive <input type="checkbox"/>
Strangers off property:	Calm <input type="checkbox"/>	Excited <input type="checkbox"/>	Ambivalent <input type="checkbox"/>	Fearful <input type="checkbox"/>	Friendly <input type="checkbox"/>	Aggressive <input type="checkbox"/>
Strangers arriving indoors:	Calm <input type="checkbox"/>	Excited <input type="checkbox"/>	Ambivalent <input type="checkbox"/>	Fearful <input type="checkbox"/>	Friendly <input type="checkbox"/>	Aggressive <input type="checkbox"/>
Car rides:	Calm <input type="checkbox"/>	Excited <input type="checkbox"/>	Ambivalent <input type="checkbox"/>	Fearful <input type="checkbox"/>	Friendly <input type="checkbox"/>	Aggressive <input type="checkbox"/>
Thunderstorms/fireworks:	Calm <input type="checkbox"/>	Excited <input type="checkbox"/>	Ambivalent <input type="checkbox"/>	Fearful <input type="checkbox"/>	Friendly <input type="checkbox"/>	Aggressive <input type="checkbox"/>
Other loud noises (e.g., shouting):	Calm <input type="checkbox"/>	Excited <input type="checkbox"/>	Ambivalent <input type="checkbox"/>	Fearful <input type="checkbox"/>	Friendly <input type="checkbox"/>	Aggressive <input type="checkbox"/>

AGGRESSION SCREEN

Has your pet ever displayed any:	Threatening displays? Y/N	Growling? Y/N	Bite attempts? Y/N	Bites? Y/N
When was the most recent attempt to bite or threaten?				
If yes, has this problem been entirely resolved? Y/N				
Situations causing aggression				
Petting/handling/restraint:	growled <input type="checkbox"/>	attempted to bite <input type="checkbox"/>	bitten <input type="checkbox"/>	no aggression <input type="checkbox"/>
If yes, describe: _____				
Eating food or treats:	growled <input type="checkbox"/>	attempted to bite <input type="checkbox"/>	bitten <input type="checkbox"/>	no aggression <input type="checkbox"/>
If yes, describe: _____				
Chewing toys/stolen objects:	growled <input type="checkbox"/>	attempted to bite <input type="checkbox"/>	bitten <input type="checkbox"/>	no aggression <input type="checkbox"/>
If yes, describe: _____				
Waking up:	growled <input type="checkbox"/>	attempted to bite <input type="checkbox"/>	bitten <input type="checkbox"/>	no aggression <input type="checkbox"/>
If yes, describe: _____				
If there have been no signs of aggression (growl, bite attempts, biting) or if it has been entirely resolved, then proceed to next page				
Is aggression the primary reason for today's visit? Y/N				
What is the potential for injury: a) none/preventable <input type="checkbox"/> b) minimal <input type="checkbox"/> c) moderate <input type="checkbox"/> d) severe <input type="checkbox"/>				
Is the problem serious enough that you will be unable to keep your pet if it is not improved? Y/N				
Is your dog ever aggressive to members of the immediate family? Y/N If yes, who?				
Describe: _____				
Is your dog ever aggressive to visitors to your home? Y/N Were the people known, strangers, or both? (circle one) Describe: _____				
Is your dog aggressive to people when off property? Y/N Were the people known, strangers, or both? (circle one) Describe: _____				
Is there a particular person or type (age, sex, uniforms) that your dog is most likely to threaten or bite? _____				
Is there a particular location or situation where aggression is most likely to occur? _____				
Has your dog ever bitten hard enough to break skin or cause injury? Y/N If yes, describe: _____				
Describe situations where your dog barks, threatens, or growls, but does not bite: _____				
Does your dog ever display aggression to other animals? Y/N If yes, what animals?				
Describe aggression: _____				
When your dog threatens or attempts to bite, how do you handle the situation and what is the dog's reaction? _____				
After your dog has bitten how do you handle the situation and what is the dog's reaction? _____				
How would you describe your dog's attitude at the time of the aggression? (bold, protective, outgoing, fearful, etc.) _____				
How would you describe your dog's expression and postures at the time of aggression? (cowering, ears back, tail tucked, hackles raised, retreating, hiding)				

PRINCIPAL COMPLAINT

What is the primary problem? (aggressive, destructive, housoiling, barking, etc.): _____

How would you describe the severity of this problem? (circle one) Mild Moderate Severe

Have you considered euthanasia? Y/N Comment: _____

Please answer all of the following unless they have been entirely covered in another section

When did the problem begin? _____

What age was your pet when this problem started? _____

What do you think caused the problem? _____

Describe the problem, beginning with the most recent incident: _____

Describe previous incidents: _____

Describe the first incident: _____

How often does the problem occur? _____

Has there been a recent change in frequency or severity? Y/N If yes, describe: _____

Describe any changes in the home or the pet's health when the problem first started: _____

What has been done so far to try and correct the problem? _____

What has been the dog's response? _____

List any techniques that have been at all successful: _____

List any techniques that have made the problem worse: _____

List any drugs (include dosage) tried so far, and the dog's response to medication: _____

List any other dietary treatments, supplements, or remedies and the dog's response: _____

MISCELLANEOUS

(please answer any of the following that have not been previously discussed)

Disobedient:

Jumps up (owners) Y/N	Jumps up (strangers) Y/N	Won't come when called Y/N
Nips/grabs with mouth Y/N	Only listens when feels like it Y/N	Pushy/demanding Y/N
On furniture where not allowed Y/N	In rooms where not permitted Y/N	

Exploratory: Normal Infrequent Increased Excessive

Activity: Normal Lazy/inactive Restless/won't settle Highly active Overactive

Sleep: Normal Increased Less frequent Restless sleep Night waking

Stool eating: Y/N If yes, own stools other dogs cats other:

Garbage raiding: Y/N Food stealing: Y/N Eats non-food items (pica) Y/N Licks objects Y/N

If yes to any of above, describe: _____

Destructive: Chewing Y/N Digging Y/N Other:

If yes, describe: _____

Grooming: Normal grooming Y/N Excessive grooming/licking Y/N Self-injurious Y/N

If there is abnormal grooming, describe: _____

Repetitive/compulsive/unusual activity: Tail chasing Sucking Star gazing Fly chasing Light chasing Staring

Other:

If yes to any of above, describe: _____

Chasing Y/N If yes, describe: _____

Hunting/predation Y/N If yes, describe: _____

Sexual habits: Masturbation Y/N Mounting Y/N Roaming/running away Y/N

Describe any undesirable sexual habits: _____

Vocalization: Barking Y/N Howling Y/N Whining Y/N

If yes, describe: _____

VETERINARY HISTORY FORM
(for referred cases, to be completed by referring DVM prior to consultation)

Clinic:	Phone #:
Address: _____ _____	Doctor's name:
	Postal code:
	Fax #:
Client's name:	Pet's name:
Behavioral History	
Describe the pet's behavior in your clinic, including any problems that you have observed: _____	
For what behavior problem is this dog being referred? (i.e., presenting complaint or diagnosis) _____	
Please indicate any advice or counseling that you have given the client thus far (including dates): _____	
Have any medications or products been suggested? If yes, indicate dates, duration, and response: _____	
Medical History	
Date of most recent physical/dental examination: _____	
List any abnormal findings: _____	
Vaccination status:	Date:
Vaccines administered:	
List any present medical problems: _____	
Are you aware of any sensory deficits? Y/N If yes, describe: _____	
Are you aware of any painful conditions in this pet? Y/N If yes, describe: _____	
List any recurrent or previous medical problems: _____	
Is the pet presently receiving treatment or medication of any type? _____	
Diagnostic Screening Tests	
Attach a copy of all recent diagnostic or screening tests. Alternatively, please complete this section.	
Indicate what diagnostic or screening tests have been performed and the date of each: _____	
List any abnormal results: _____	

