Canine Behavior Questionnaire

Client Information

Date form completed:

Owner’s Name:

Telephone:

Email:

Primary Veterinarian:

patient information

Patient’s Name:

Breed:

Color:

Age:

Weight:

Sex:

Spayed/Neutered:

Age of Spay/Neuter:

Any Behavioral changes following spay/Neuter?

Date of last physical examination?

any medical issues we should be aware of?

Please list all current medications and supplements (including dose):

Please list any previous behavior medications that have been tried: (Please include the dose and dates medication(s) were started and stopped

# Presenting Complaints

Please describe your dog’s problem(s):

At what age did the problem start, if known?

How long does each incident last, if known?

How often does it occur?

Have there been any changes in the pattern, frequency, intensity and/or length of incidents from the time of onset to the present?

Are there any specific conditions which seem to trigger the behavior?

Can your dog be verbally or physically interrupted when engaged in the problem behavior?

Please give a detailed description of the last 2 times this problem occurred:

# Dog’s History

Where did you get your dog?

At what age was your dog acquired?

Do you have information about your dog’s history before you acquired him? If so, please explain.

Do you know if your dog's parents or siblings engaged in similar behaviors or in any other abnormal behaviors?

List people living in the house with the dog. Please include children's ages:

List all other animals in the household, their species, breed, age, sex and whether or not they are neutered. Please indicate which of these animals were living in the house when this dog was acquired:

Describe interactions between the animals in the household:

Describe interactions between your dog and family members:

Behavior of your dog in the veterinary office and during examination:

# Diet

Type of food:

Frequency of feeding:

Other food/treats/table scraps:

# Daily Activities

Please describe a typical 24-hour period in your dog's life, start with where and when the dog wakes up in the morning:

# Exercise

On leash, include location:

Off leash, include location:

Time spent playing actively with owner. Describe activities which take place:

Do you have a fenced-in yard or the Invisible Fence?

Time spent actively playing with other animals:

# Goals

What are your goals for this consultation?

What do you love the most about your dog?

# Training

What type of collar or harness does your dog use?

Martingale  Flat collar  Choke collar

Prong collar  Head halter  Body harness

Electric collar  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

When training, what is your dog’s preferred reward?

Have you attended training classes with your dog? If so please describe the class(es):

Have you previously enlisted the help of a trainer or behaviorist for this behavior problem?

If yes, what is the name of the trainer and/or training facility you have used?

Have you previously enlisted the help of a veterinarian for this behavior problem?

What recommendations were you given?

What worked?

What did not work?

Does your dog do the following willingly (please check all the apply):

Sit  Fetch  Leave it  Loose leash walk

Heel  Watch me  Come  Down

Drop it  Stay  Go to your place  Do tricks

Situations in which your dog is less likely to obey you:

Does your dog demand to be petted?

Does your dog ever seem irritated by or resent petting?

Does your dog bark excessively?

In what context?

Does your dog cower or run away if people talk loudly or act boisterously?

Does your dog ever urinate or roll over on his/her back when greeting you?

Does your dog ever urinate or roll on his/her back when greeting strangers?

Does your dog urinate or roll on his/her back when greeting strange dogs?

Is your dog comfortable in crowds?

How does your dog act when strangers come to the house?

How does your dog act when he meets or passes strangers away from the house?

How does your dog act when he meets strange dogs?

1. When both are on the leash:

2. When both are off leash:

3. When he is leashed, and other dog is free:

Is your dog frightened excessively by any noise? Please explain.

Is your dog frightened excessively by anything else in the environment? Please explain.

Does your dog chase any of the following:

Child(ren)  Jogger/bicyclist/skateboarder  Cats

Small dogs  Vehicles  Wildlife

Does your dog urinate/defecate in the house?

Please check the appropriate box if your dog exhibits any of the listed behaviors at any time when members of the household do the following:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Growl | Bark | Lift lip | Snap | Bite | No aggressive response | Not  tried |
| Touch dog's food or add food while eating |  |  |  |  |  |  |  |
| Walk past dog while eating |  |  |  |  |  |  |  |
| Take away real bone, rawhide, or delicious food |  |  |  |  |  |  |  |
| Walk by dog when s/he has a real bone/rawhide |  |  |  |  |  |  |  |
| Touch delicious food when dog is eating |  |  |  |  |  |  |  |
| Take away a stolen object |  |  |  |  |  |  |  |
| Physically wake dog up or disturb resting dog |  |  |  |  |  |  |  |
| Restrain dog when it wants to go someplace |  |  |  |  |  |  |  |
| Lift dog |  |  |  |  |  |  |  |
| Pet dog |  |  |  |  |  |  |  |
| Medicate dog |  |  |  |  |  |  |  |
| Handle dog's face/mouth |  |  |  |  |  |  |  |
| Handle dog's feet |  |  |  |  |  |  |  |
| Trim the dog's toenails |  |  |  |  |  |  |  |
| Groom dog |  |  |  |  |  |  |  |
| Bathe or towel off |  |  |  |  |  |  |  |
| Take off or put on collar |  |  |  |  |  |  |  |
| Pull dog back by the collar or scruff |  |  |  |  |  |  |  |
| Reach for or grab dog by the collar |  |  |  |  |  |  |  |
| Hold dog by the muzzle |  |  |  |  |  |  |  |
| Stare at the dog |  |  |  |  |  |  |  |
| Reprimand dog in loud voice |  |  |  |  |  |  |  |
| Visually threaten dog: newspaper or hand |  |  |  |  |  |  |  |
| Hit the dog |  |  |  |  |  |  |  |
| Walk by dog in crate |  |  |  |  |  |  |  |
| Walk by/talk to dog on furniture |  |  |  |  |  |  |  |
| Remove dog from furniture: physically or verbally |  |  |  |  |  |  |  |
| Make dog respond to command |  |  |  |  |  |  |  |

Does your dog get a glazed look in his/her eyes?

Does your dog have a Jeckyl and Hyde personality?

Do you consider your dog hyperactive?

Please check the appropriate box if your dog exhibits any of the listed behaviors at any time when the veterinarian does any of the following:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Relaxed | Licks lips or yawns | Tucks tail | Turns away, tries to hide | Cowers | Barks | Growls | Lifts lip | Lunges | Snaps | Bites |
| When examined |  |  |  |  |  |  |  |  |  |  |  |
| When restrained |  |  |  |  |  |  |  |  |  |  |  |
| When touched |  |  |  |  |  |  |  |  |  |  |  |
| When vaccinated |  |  |  |  |  |  |  |  |  |  |  |
| When blood is drawn |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Licks lips or yawns | Tucks tail | Turns away, tries to hide | Cowers | | Barks | Growls | Lifts lip | Lunges | Snaps | Bites | No  change |
| When unfamiliar ADULTS approach while on leash |  |  |  |  | |  |  |  |  |  |  |  |
| When an unfamiliar CHILD approaches while on leash |  |  |  |  | |  |  |  |  |  |  |  |
| When unfamiliar people approach  off leash  (away from home) |  |  |  |  | |  |  |  |  |  |  |  |
| When unfamiliar people try to touch or pet your dog |  |  |  |  | |  |  |  |  |  |  |  |
| When unfamiliar people enter your home |  |  |  |  | |  |  |  |  |  |  |  |
| When examined or handled by a veterinarian |  |  |  |  | |  |  |  |  |  |  |  |
| When approached directly by an unfamiliar dog  while on leash |  |  |  |  | |  |  |  |  |  |  |  |
| When approached directly by an unfamiliar dog  while off leash |  |  |  |  | |  |  |  |  |  |  |  |
| When barked, growled, or lunged at by an unfamiliar dog while on leash |  |  |  |  |  | |  |  |  |  |  |  |
| When seeing a dog from a distance  while on leash |  |  |  |  |  | |  |  |  |  |  |  |
| When seeing a dog from a distance  while off leash |  |  |  |  |  | |  |  |  |  |  |  |
| When unfamiliar dogs visit your home |  |  |  |  |  | |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| History | Yes | No | I don't know |
| Did you acquire your dog after 3 months of age? |  |  |  |
| Did you acquire your dog at 5 weeks of age or less? |  |  |  |
| Was your dog acquired from a shelter or a pound? |  |  |  |
| Has your dog had multiple owners during his/her life? |  |  |  |
| Was your dog acquired from a pet shop? |  |  |  |
| Was your puppy an orphan or hand raised? |  |  |  |
| Was your dog the single puppy in a litter? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Behavior | No | Mild | Moderate | Severe |
| Does your dog follow you around the house? |  |  |  |  |
| Does your dog become anxious at the sound of car keys? |  |  |  |  |
| Does your dog become anxious when you put on your coat or shoes? |  |  |  |  |
| Does your dog become aggressive when you leave? |  |  |  |  |
| Does your dog exhibit other problem behaviors as you prepare to leave? |  |  |  |  |
| Does your dog bark or whine excessively within 30 minutes of your departure? |  |  |  |  |
| After you leave does your dog's activity decrease? |  |  |  |  |
| After you leave does your dog appear depressed? |  |  |  |  |
| After you leave does your dog have a loss of appetite? |  |  |  |  |
| Only in your absence does your dog destroy property? |  |  |  |  |
| Only in your absence does your dog urinate or defecate in your home? |  |  |  |  |
| Does your dog regularly have diarrhea, vomit, or lick excessively in your absence? |  |  |  |  |
| Does your dog exhibit an excessive greeting on your return (jumping, hyperactivity, barking, more than 2-3 minutes)? |  |  |  |  |

If you are not a current CLIENT, please have your veterinarian send us your pet’s medical record including lab work.

videos of problem behaviors may be helpful. however, please do not invite or trigger aggressive behavior for the purpose of the video

please check if a video is being sent

This document should be either dropped off at the office or emailed to us at least one week prior to scheduled vist. Documents can be sent by email to [info@sylvanvet.biz](mailto:info@sylvanvet.biz).