

BEHAVIOR QUESTIONNAIRE FOR DOGS

Lakemont Veterinary Clinic, P.C.

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This form must be completed and submitted prior to a behavior consult. This is a crucial part of your pet's appointment. Please be as thorough and specific as possible.

Attach additional sheets of paper if needed. Photos and videos are strongly encouraged.

Patient Info:

Pet's name: _____

Breed: _____

Age: _____

Date of birth: _____

Sex: _____

Neutered/Spayed? _____

Owner Info:

Name: _____

Address: _____

Phone: _____

*Email: _____ (Required for communication)

Veterinarian Info (If not LVC):

Dr. _____ Permission to contact? Yes No

Clinic Name: _____

Address: _____

Phone: _____

Fax: _____

How did you hear about our behavior service? _____

Behavior History- Please describe your pet's behavior concerns in the table below

Problem (s) Be as detailed as possible. Attach extra pages if needed.	Age at which problem began

Problem(s)- Continued	Age at which problem began

HOME ENVIRONMENT

Please list the people, **including yourself**, living in your household:

Name	Age	Sex	Relationship (i.e. self, spouse)	Occupation (Optional but sometimes helpful)	Average # of hours away from home per day	Quality of relationship with dog

Please list **all** the animals in the household **in the sequence they were obtained**:

Name	Species	Breed	Sex	Neutered?	Age obtained	Age now	Quality of relationship with dog

BACKGROUND INFORMATION

- 1. How long have you had your dog? _____
- 2. How old was your dog when you first acquired him/her? _____
- 3. Where did you get your dog? _____
- 4. Has this dog had other owners? Yes No If yes, how many? _____
 - a. Why was the dog given up by the previous owners? _____
- 6. Why did you acquire this dog? _____
- 7. Did you meet your dog's parents or do you have any information about littermates? Yes No
If yes, please comment on any medical or behavioral issues (or achievements): _____
- 8. Was a temperament test performed? Yes No Unknown
If yes, please describe the results: _____
- 9. Describe your dog's behavior as a puppy. Activity level, training successes, training difficulties, attention span, response to people and animals, etc: _____

INTERACTIONS WITH OTHER ANIMALS

- 1. What is your dog's relationship with the other animals in your household? _____
- 2. What is your dog's response to unfamiliar dogs? _____
- 3. Does your dog interact with other dogs, besides those in your household, on a regular basis? If so, when and where? What is your dog's response? _____
- 4. What is your dog's response to cats or other small animals outside your household? _____

INTERACTIONS WITH HOUSEHOLD MEMBERS

Is there any aggression in the following circumstances?

Aggression includes: growling, showing teeth, lunging, nipping, snapping, or biting.

Y- Yes, N- No, N/A- Not applicable.

HOUSEHOLD MEMBERS	Female adults	Male adults	Children	Specific person	Details
Petting or reaching for dog					
Hugging or kissing dog					
Bending over or staring at dog					
Bathing, grooming or toweling dog					
Disturbing dog when resting					
Pushing or calling dog off furniture					
Giving verbal or physical corrections					
Approach/interact when dog is eating					
Approach/interact when dog has bone or other chew item					
Putting on leash or collar					
Lifting dog					

NON-HOUSEHOLD MEMBERS	Female adults	Male adults	Children	Specific person	Details
Petting or reaching towards dog					
Bending over or staring at dog					
Entering your house or yard					
Enter/exit any room in your home					
Passing when dog is on leash					
Passing when dog is in the car					
Interacting w/ dog on leash					
Interacting w/ dog away from home					
Putting on leash or collar					
Running/jogging/biking					

What is your dog's response to **visitors**?

Frequent visitors	Occasional visitors	Rare visitors	Repair/Delivery persons

FEARS AND ANXIETIES

Please complete the table below. Please check all that apply.

Circumstance	Defecates	Urinate	Salivates	Trembles	Tucks Tail	Hides	Escapes	Destroys	Vocalizes
Dog is home with family member									
Dog is home alone									
Dog is home alone with another pet									
Dog is home with family but separated from family members									
Dog is home alone confined to a crate									
Dog is at veterinary office									
Dog is at groomer's									
Fireworks									
Thunderstorms									
Loud noises									
Flashes of light									

Please list any specific stimuli (i.e., men, umbrellas, traffic noises) your dog seems to be afraid of:

BEHAVIOR TREATMENT

Please list any **BEHAVIORAL** medications/supplements you have administered to your pet:

Date	Treatment	Outcome

BEHAVIOR TREATMENT (CONT)

This table is to evaluate how your pet has responded previously to treatment. This is also useful in determining what may be successful or what may inhibit/ worsen the problem(s).

Recommendation	Attempted (Y/N)	Outcome (Aggression, fear, improved behavior, worsened behavior, etc.)
Stare at or "stare down"		
Grab by jowls/scruff +/- shake		
Shake or throw a can		
Step on leash or choke collar and force down		
"Time out" (if done, specify where, when, and how long)		
Metal choke or pronged collar		
Water pistol / spray		
Halti or Gentle Leader head collar		
No-pull Harness (i.e. Easy Walk)		
Bark or remote-activated shock collar		
Invisible/electric fence (inside or out)		
Citronella spray collar		
Forced exposure to frightening stimuli		
Knee dog in chest/ belly for jumping		
Hit or kick dog		
Growl at dog		
"String up" or hang by leash and collar		
Rub dog's nose/face into urine, feces or destruction		
Tie or tether on short lead hooked to wall or floor		
Yell "no" at dog		
"Alpha roll" (hold on back, put down on back)		
"Dominance down" (hold on side, legs extended, head flat)		
Crate		
Sit or Lie down for extended period		
Agility or other sport activity		
Use of food or puzzle toys (e.g. Kongs, etc)		
Praise for good behavior		
Food rewards for good behavior		
Kennel outdoors		
Tether/tie out on a line in yard		
Use of muzzle at home or on walks		
Teach dog "look" or "watch me"		
Increase play/exercise		
Clicker training		
Avoidance of stimuli that trigger fear or aggression		
Feed meals by hand		
Remove food bowl while eating		
Pheromones (DAP, Comfort Zone)		
Anything else that was tried?		

ENVIRONMENT

- 1. What type of area do you live in (Urban, suburban, etc.)? _____
- 2. What type of home do you live in (studio, apartment, house)? _____
- 3. Do you have a yard? Yes No
It is fenced? Yes No If yes, What type: _____ How tall: _____
- 5. Has your household changed since acquiring your dog? Yes No
If so, how? _____

DAILY SCHEDULE

- 1. How many times is your dog walked on a leash per day? _____
- 2. What is the average length of each leash walk (please do not include yard time)? _____
- 3. How many times is your dog let out in the yard each day? _____
On average, for how long? _____
Does someone go out with the dog? Yes No
How many hours per day does your dog spend **OUTDOORS unsupervised**? _____
Does your dog have access to the outside through a dog door? Yes No
- 4. Where is your dog when home **alone**? (i.e. confined to a room or crate, loose in the house, outdoors, etc.)

- 5. Do you limit your dog's access to any part of the house when you **are** home? If so, please explain.

- 6. Where is your dog when you have guests? Please specify if your dog choses this or if you place him/her there.

- 7. How do you play with your dog?

- 8. Does your dog ever eliminate in the house? Yes No
If so, does he or she: Urinate Defecate Both
Does the elimination occur primarily: When you are home When the dog is home alone Both
 - a. Describe the stool (color, texture, amount, location): _____

 - b. Describe the urine (color, amount, location): _____

9. How does your dog behave as you prepare to leave? _____

10. How does your dog behave when you return? _____

11. Where does your dog sleep at night? _____

12. What is a typical day (24 hours) in the pet's life like? Please start with where the pet is when you wake up in the morning. _____

DIET AND FEEDING

1. What do you feed your dog? (Please be specific, i.e. brand name, canned vs. dry)

2. How many meals is your dog fed each day? _____

3. Amount fed _____

3. Where is your dog's food bowl? _____

4. If other animals eat at the same time, describe the arrangement (e.g. same room, separate rooms, same bowls, etc.) _____

5. Does your dog finish each meal? Yes No

6. Does someone have to be present for your dog to eat? Yes No

7. Does your dog have any food allergies or diet restrictions? Yes No

If so, please describe:

8. Is water available to your dog 24 hours a day? Yes No

If no, why not? _____

MEDICAL HISTORY

1. At what age was your dog neutered/spayed (if applicable)? _____
Reason: _____

2. If your dog is not neutered has he/she ever been bred? Yes No Unsure

3. Are you planning to breed your dog? Yes No Unsure

4. Is your pet currently receiving heartworm and flea/tick prevention? Yes No
If so, please list the type: _____

6. Is your pet currently on any supplements or OTC medications?
If so, please specify: _____

MEDICAL PROBLEMS:

1. Are you currently treating any medical problems? Yes No

*Please list **current** medical problems in the table below.*

Date	Diagnosis	Treatment (including medications and dosage)	Outcome

2. Has your pet previously been diagnosed or treated for a medical problem? Yes No

*Please list **past** medical problems in the table below*

Date	Diagnosis	Treatment (including medications and dosage)	Outcome

TRAINING

1. Has your dog ever worked with a trainer Yes No
If so, please give details (when, where, age of dog,): _____

2. What method of training was used (i.e. clicker training, leash corrections, special collars, etc.): _____

3. Name of trainer? _____
May we contact the trainer to discuss your pet if needed? Yes No

4. Have you done any specialized training with your dog (i.e. agility, tracking, fly ball)?

5. How did your dog perform in training class? _____

6. Does your dog have any titles/awards? _____

7. Have you consulted any other behavior specialists prior to your appointment with us?
 Yes No If yes, who? _____

8. Have you used any training books, websites, or TV shows for information? Yes No
If yes, please provide titles, web address, names, etc. _____

8. What tasks will your dog reliably perform on verbal cue?
 Sit Lie down Come Wait Stay Heel (not pulling) Watch
 Fetch Drop it Touch/Target

Other: _____

9. How did you housetrain your dog? _____

a. Did you have any difficulties house-training your dog? Yes No
If so, please describe: _____

11. Have you ever used a crate? Yes No
If yes, do you continue to use it? Never Rarely Sometimes Frequently

MISCELLANEOUS

1. Does your dog ever mount people, dogs or objects? Yes No
If so, who/what and how often? _____

2. Does your dog ever lick people, himself, or inanimate objects excessively? Yes No
If so, who/what and how often? _____
3. Is your dog sensitive about having certain body parts touched or handled (especially ears and feet)?
If yes, which parts? _____
4. Why have you kept the dog despite its behavior problem? _____

5. Has the frequency or intensity of the behavior changed since the problem started? Yes No
If so, how and when? _____

6. How do you react when your dog shows problem behaviors? _____

7. How does your pet respond to your reaction? _____

BITE HISTORY

1. If your dog has ever bitten anyone, please list the total number of bites: _____
2. Please list the number of bites that broke skin: _____
3. Please list the number of bites reported to public health authorities, and to whom: (i.e. local authorities, hospital, humane society, etc.): _____
4. Was there legal action taken against you as a result of the bite(s)?
 Yes No
5. Have you read any dog training books? Yes No
If so, please list them:

6. Have you considered finding another home for this dog? Yes No
7. Have you considered euthanasia (putting your dog to sleep)? Yes No

EXPECTATIONS

What are your expectations/ goals for your appointment?

If there is anything else you would like to add about your pet's behavior please feel free to add comments or attach additional pages to this questionnaire.

Videos of behavior problems and training sessions are extremely helpful!

Sometimes a map or drawing of your house/ yard is helpful.