Dog Behavior History Questionnaire

Client Name: __________________________________

Dog Name: ____________________________________

Breed/Sex/Age: __________________________________

Veterinarian: __________________________________

Where did you obtain this dog?  Friend, breeder, store, humane society, other. Specify:

When?

For what purpose was this dog obtained?  Companionship, protection, breeding, show, other. Please specify

Rate your experience with dogs: Novice ____ Moderate _____ High ______

Describe the dog's personality:

Date of last veterinarian exam: _______________________________

List all major surgical or medical problems and approximate dates:

List all medications (including dosage and schedule) currently being taken by this dog:
PRINCIPAL COMPLAINT: Describe the primary problem and how it developed including where and under what circumstances was each problem(s) first noted and the situations(s) in which the problem is most likely to occur?

The severity is: mild moderate severe other

What age was the dog when this problem started? Month and year? Describe the first incident:

How many times has the problem occurred: a) past week b) past month c) past year Describe any change in frequency or appearance:

The problems occur: Always Usually Rarely Never

When the dog is left alone

In the presence of the family members

During the night when the family sleeps

When guest comes over

Describe any behavior problems involving family members:

Were there changes in the home when the problem first appeared? For example, moved or redecorated, change in family schedule/dynamics, boarded, new family member/roommate, visitors, diet change, other.

How did these changes affect your dog?

List all medications (dosage, schedule & duration) that has been prescribed for a behavior problem and the results:

Have you considered euthanasia? Y N Comment:
Behavior

Does this dog get along with other animals? Y[ ] N[ ] If not, please explain:

How does this dog react to unfamiliar people?

Describe the dog's behavior:

a. Just prior to your departure

b. Just after your return

Describe any situations where your dog is shy, timid, or fearful.

How does the dog react when frightened? Cower, retreat, aggression, other

Environment/Lifestyle: Briefly describe home: apartment, house, other:

List each family member (including daily schedule, sex, and age if under 18):

1. M/F Age_______Schedule
2. M/F Age_______Schedule
3. M/F Age_______Schedule
4. M/F Age_______Schedule
5. M/F Age_______Schedule
6. M/F Age_______Schedule

List other animals in the home:

<table>
<thead>
<tr>
<th>Name</th>
<th>Species</th>
<th>Breed</th>
<th>Sex</th>
<th>Age Now</th>
<th>Age when obtained</th>
<th>Order obtained</th>
</tr>
</thead>
</table>

Describe how your pets interact with each other, including who's in charge.

Have there ever been any changes in the household that your dog had difficulty adapting to? Describe:
Diet:
___ % Dry (Brand______________________)   ______ % Wet (Brand:_____________________)  
___% Table Scraps, Supplements: ________________________________________________
How many times a day is the dog fed? ________________ By whom? ________________
When? __________________________________ Location: ____________________________
Does your dog finish his/her meal(s)? __________% Leftover __________________________
Describe feeding habits: poor eater, picky, normal appetite, voracious
What is your dog’s favorite treat(s)? _______________________________________________
When are treats delivered? ___________________________________________________

Activity:
In what area of the house or yard is the dog when:
   Family home:
   Family away:
   Family asleep:
   When guests visit:
Favorite resting/sleeping area(s):
At what time of the day is the dog most active?
Time dog spends indoors: ____ %, outdoors:_____ %
Is this dog left alone during the day? ______ How long?______________________________
Does he or she run free in the neighborhood?______ How often?________________________
What amount of exercise or opportunity to exercise is given to the dog (hours/day/week)?
On-Leash
Off-Leash
What toys/types of play does the dog enjoy? How often?
Describe the dog’s grooming: frequent / very little / excessive / other
Are there any situations that cause grooming to increase? Describe.
**Training:**

What type of collar is used for walking/training?

- flat
- choke chain
- pinch/prong
- head halter
- other

Has this dog had any formal obedience training?  Y [ ]  N [ ]
Class[ ]  Private instructor[ ]  I trained my dog at home[ ].
Grade the success:  failed[ ]  fair[ ]  good[ ]  excellent[ ]

What will the dog do on command?

The dog’s ability to learn is fast/slow/easily distracted, other

What has been done so far, to correct the problem (discipline, crate, etc)? What was the dog’s response to correction? Has any punishment made the problem worse or caused aggression? Does the dog react differently to punishment from different family members? What techniques have been successful or made problems worse:

**Punishment**

Have you used any of the correction techniques:  (Circle the number of the most effective punishment)

<table>
<thead>
<tr>
<th>Method</th>
<th>Y</th>
<th>N</th>
<th>Success: High/Med/Low/None</th>
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<tbody>
<tr>
<td>Physical (hitting)</td>
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<tr>
<td>Noise (Shaker can/siren)</td>
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<tr>
<td>Ultrasonic (Petagree)</td>
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<tr>
<td>Water spray</td>
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<td></td>
<td></td>
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<tr>
<td>Verbal/shouting</td>
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<tr>
<td>Time Out</td>
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<tr>
<td>E-Collar</td>
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<td></td>
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<tr>
<td>Citronella collar</td>
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<td></td>
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<tr>
<td>Other</td>
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</tbody>
</table>

Please indicate any other behavior problems:

<table>
<thead>
<tr>
<th>Category</th>
<th>Shy</th>
<th>Play</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>House soils</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Destructive chewing</td>
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<tr>
<td>Feeding</td>
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<tr>
<td>Sexual</td>
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<tr>
<td>Grooming</td>
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<tr>
<td>Digging</td>
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<td></td>
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<tr>
<td>Swallows nonfood items</td>
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<tr>
<td>Eating</td>
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<tr>
<td>Pacing</td>
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<tr>
<td>Aggressive</td>
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<td></td>
</tr>
<tr>
<td>Barking</td>
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<tr>
<td>Learning</td>
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<tr>
<td>Sleep</td>
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<tr>
<td>Destructive scratching/digging</td>
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Please describe all situations that are likely to elicit aggressive behavior such as growling, nipping, biting, attacking, etc. For example: petting, approached by anyone, approached by children, only when in the car, reaching for, punishing, pushing, taking food or toys away, disturbed while sleeping, etc.

If your dog has an aggression problem, describe at least the last two or three aggressive incidents in detail (including date, time of day, and context).

Please discuss in detail any other information you feel is relevant to your dog's problem: