Jill A. Goldman, Ph.D., M.Sc. CAAB DJG Animal Behavior Services



PO Box 15184, Beverly Hills, CA 90209 www.DrJillGoldman.com

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 i | t developed In | ncluding where and | under what |
|--------------------------------|----------------------|-------------------|----------------|--------------------|------------|
| circumstances was each problem | | | | | |

| 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 Describe any change in | ne proble i frequen | m occurred: a) cy or appearan | past week ce: | b) past m | nonthc) | past year | |
| The problems occur: | | | <u>Always</u> | <u>Usually</u> | Rarely | <u>Never</u> | |
| When the dog is lef | t alone | | [] | [] | [] | [] | |
| In the presence of the | ne family | members | [] | [] | [] | [] | |
| During the night wh When guest comes ov | | imily sleeps | [] [] | [] [] | [] | [] | |
| Describe any behavior | problems | s involving far | nily members | : | | | |
| Were there changes in schedule/dynamics, box | | | | | | | nange in family |
| How did these changes | affect yo | our dog? | | | | | |
| | | | | | | | |
| List all medications (do | osage, scl | nedule & dura | tion) that has l | been prescrit | ped for a beha | vior problem and th | e results: |
| Have you considered e | uthanasia | a? Y N Comme | ent: | | | | |
| | | | | | | | |

Behavior

| Does this dog get | along with other | animals? Y[]] | N[] If not, pleas | se explain: | | |
|--------------------------------------------------------------------------------|----------------------------|-------------------|----------------------|-------------|-------------------|-------------------|
| How does this do | g react to unfamil | iar people? | | | | |
| Describe the dog | | | | | | |
| a. Just prior to | your departure | | | | | |
| b. Just after your | return | | | | | |
| Describe any situ | ations where your | dog is shy, timi | id, or fearful. | | | |
| How does the do | g react when frigh | tened? Cower, r | retreat, aggression | n, other | | |
| Environment/Li | festyle: Briefly de | escribe home: a | partment, house, | other: | | |
| • | member (including | g daily schedule | e, sex, and age if u | ınder 18): | | |
| M/F Age M/F Age M/F Age M/F Age | Schedule Schedule | | | | | |
| 3. M/F Age | Schedule | | | | | |
| 4. M/F Age 5. M/F Age | Schedule | | | | | |
| 5. M/F Age 6. M/F Age | Schedule | | | | | |
| List other animal | s in the home: | | | | | |
| Name | Species | Breed | Sex | Age Now | Age when obtained | Order obtained |
| | | | | | | |
| Describe how yo | ur pets interact wi | th each other, in | cluding who's in | charge. | | |

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Have there ever been any changes in the household that your dog had difficulty adapting to? Describe:

| <u>Diet:</u> |
|------------------------------------------------------------------------------------------|
| % 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 us flat choke | sed for walking chain | g/training? pinch/prong | head halter | other | |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------|-----|
| Has this dog had any for Class[] Private instruction Grade the success: failed | tor[] I traine | d my dog at home[]. | | | |
| What will the dog do on | command? | | | | |
| The dog's ability to lear | n is fast/slow/e | easily distracted, other_ | | | |
| | ne problem wo | rse or caused aggression | ? Does the dog read | s the dog's response to correction? et differently to punishment from ns worse: | Has |
| Punishment | | | | | |
| Have you used any of th | e correction te | echniques: (C | rcle the number of t | he most effective punishment) | |
| Physical (hitting) Noise (Shaker can/siren Ultrasonic (Petagree) Water spray Verbal/shouting Time Out E-Collar Citronella collar | Y N) Y N Y N Y N Y N Y N Y N Y N Y N Y N | Success: High/Med/Lov Success: High/Med/Lov Success: High/Med/Lov Success: High/Med/Lov Success: High/Med/Lov Success: High/Med/Lov Success: High/Med/Lov Success: High/Med/Lov | w/None w/None w/None w/None w/None w/None | | |
| Other: | | Success: High/Med/Lov | w/No | | |
| Please indicate any othe | r behavior pro | blems: | | | |
| House soils | | Shy | Play | Other | |
| Destructive chewing | | Eats stool | Jumps up | | |
| Feeding | | Pacing | Unruly | | |
| Sexual | | Aggressive | Bites | | |
| Grooming | | Barking | Fights | | |
| Digging | | Learning | Runs away | | |
| Swallows nonfood item | ns | Sleep | Destructive s digging | cratching/ | |

| 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: |
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