

**East West Animal Hospital  
1524 Land O Lakes Blvd, Lutz FL 33549  
813-948-6534/ fax 813-949-5533**



**DOG BEHAVIOUR QUESTIONNAIRE**

**GENERAL INFORMATION**

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Postal (zip) code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Veterinarian/clinic: \_\_\_\_\_  
Clinic phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Clinic address: \_\_\_\_\_  
\_\_\_\_\_  
Referred by: \_\_\_\_\_

**PET INFORMATION**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Date of birth (if known): \_\_\_\_\_ Age: \_\_\_\_\_ Age obtained: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Has your pet EVER had a seizure? Y/N  
Sex: M/F Spayed/Neutered? Y/N  
Age spayed/neutered: \_\_\_\_\_  
If your pet is female did she experience one or more heat cycles before spaying? Y/N  
How many? \_\_\_\_\_  
Were they normal? Y/N  
Any change after spaying/neutering? Y/N  
If yes please explain: \_\_\_\_\_  
If your pet is not spayed/neutered do you plan on breeding? Y/N

Age of first heat if applicable: \_\_\_\_\_

Date(s) of heat cycles: \_\_\_\_\_

Duration: \_\_\_\_\_

Has your pet ever been bred? Y/N

How many times? \_\_\_\_\_

Outcome: \_\_\_\_\_

Why did you obtain your dog? (companion, breeding, etc.): \_\_\_\_\_

Have you owned a dog before? Y/N

Have you owned this particular breed before? Y/N

Why did you choose this specific breed? \_\_\_\_\_

Where did you get this pet?

\_\_\_ shelter \_\_\_ stray/found \_\_\_ breeder \_\_\_ rescue group \_\_\_ newspaper

\_\_\_ pet store \_\_\_ friend \_\_\_ other (please explain) \_\_\_\_\_

Breeder, if applicable: \_\_\_\_\_

Any previous owners? Y/N

If so, how many? 1 2 3 4 Unknown

Reason previous owners gave pet up (if known): \_\_\_\_\_

How long have you had this pet? \_\_\_\_\_

List all other pets, including species, breed, sex, age obtained and age now:

Name	Species	Breed	Sex	Age Obtained	Age Now
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Refer to the list above and using numbers label which pet was obtained first, second etc.

Describe how your pets get along with each other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List each family member living in the home:

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Relationship</u>	<u>Occupation</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Who has the most control over your dog: \_\_\_\_\_

Who has the least control over your dog: \_\_\_\_\_

Briefly describe the usual daily schedule for the family: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **MEDICAL SCREEN**

When was your pet's last physical exam? \_\_\_\_\_

When you your pet last vaccinated? (date if you know it)

Distemper \_\_\_\_\_ Rabies \_\_\_\_\_

Have any lab tests (such as blood work, urinalysis and/or x-rays) been done? Y/N

If yes what test were done? \_\_\_\_\_

**Please bring in results to your visit.**

Does your pet have any of the following:

1. \_\_\_ Arthritis or other painful conditions
2. \_\_\_ Allergies
3. \_\_\_ Deficits in his/her senses
4. \_\_\_ Abnormal bowel movements
5. \_\_\_ Excessive drinking and/or urination

If yes to any of the above please describe and indicate which condition using the number:

\_\_\_\_\_

\_\_\_\_\_

Is your pet currently taking any medication to prevent heartworms? Y/N

Brand \_\_\_\_\_

Is your pet on any kind of flea prevention? Y/N

Brand \_\_\_\_\_

Is your pet currently taking any other medication (this includes vitamins, herbs, and over the counter supplements)? Y/N

<u>Name</u>	<u>concentration (mg)</u>	<u>frequency taken</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Are there any other medical issues we should know about?** \_\_\_\_\_

**FEEDING SCHEDULE/EATING HABITS**

Brand and type (wet/dry/both) of food fed: \_\_\_\_\_

When and how often is pet fed? \_\_\_\_\_

Describe eating habits (e.g., picky, voracious): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List treats: \_\_\_\_\_

How often and in what amounts are they given? \_\_\_\_\_

\_\_\_\_\_

Favorite treat: \_\_\_\_\_

How often is your pet fed snacks from the table (human food) each day? \_\_\_\_\_

**ENVIRONMENT/LIFESTYLE**

What kind of living situation do you have?

\_\_\_ apartment \_\_\_ townhouse/condo \_\_\_ house with small yard

\_\_\_ house with large yard \_\_\_ farm

How long is the dog home alone on the average day? \_\_\_\_\_

Dog's reaction to being alone: \_\_\_\_\_

Describe where dog stays at each of the following times:

Daytime (when owners at home): \_\_\_\_\_

Daytime (when owners away): \_\_\_\_\_

Night-time: \_\_\_\_\_

When guests visit: \_\_\_\_\_

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? \_\_\_\_\_

Where does your pet sleep? (check all that apply)

In or on your bed     On its own bed in your bedroom

In a crate in your bedroom     In a crate in another room

On the floor next to your bed     Anywhere it wants.

In another room because it is locked from your bedroom.

How does your dog react to the following:

Car rides: \_\_\_\_\_

Unusual/loud noises: \_\_\_\_\_

Strangers in home: \_\_\_\_\_

New (non-family) dogs: \_\_\_\_\_

New (non family)cats: \_\_\_\_\_

### DAILY ACTIVITIES AND ROUTINE

How many times is your dog walked or let out per day? \_\_\_\_\_

If your pet is walked what is the average length of time for each walk in minutes? \_\_\_\_\_

This pet (please check all that apply)

Allowed to run free, unsupervised     Fenced yard/Kennel/Run

Leash-walked only     Outside unleashed, but supervised

Indoors only     Outdoors only

How often do you play with toys or play games with the pet **inside** the house (daily) on average? \_\_\_\_\_

How long does each play bout last, on average (in minutes)? \_\_\_\_\_

Type of exercise/play: \_\_\_\_\_

Who exercises/plays with your pet? \_\_\_\_\_

Often do you play with toys or play games with the pet **outside** the house daily (on average)? \_\_\_\_\_

How long does each play bout last, on average (in minutes)? \_\_\_\_\_

Type of exercise/play: \_\_\_\_\_

Who exercises/plays with your pet? \_\_\_\_\_

Favorite game(s) and toy(s): \_\_\_\_\_

\_\_\_\_\_

### **TRAINING**

What is your dog's obedience school history?

\_\_\_ No school trained myself    \_\_\_ Puppy kindergarten    \_\_\_ Group lessons - basic

\_\_\_ Group lessons – advanced    \_\_\_ Private trainer in the home

\_\_\_ Private trainer away from home

Age when dog started lessons/training: \_\_\_\_\_

How did the dog do in obedience school? \_\_\_\_\_

Does the dog have any obedience titles? \_\_\_\_\_

Who took the dog to obedience school? \_\_\_\_\_

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: \_\_\_\_\_

What commands does the dog know and how well?

Sit                    \_\_\_ perfect            \_\_\_ OK                \_\_\_ Needs work

Stay                 \_\_\_ perfect            \_\_\_ OK                \_\_\_ Needs work

Lie down            \_\_\_ perfect            \_\_\_ OK                \_\_\_ Needs work

Come                \_\_\_ perfect            \_\_\_ OK                \_\_\_ Needs work

Wait                 \_\_\_ perfect            \_\_\_ OK                \_\_\_ Needs work

Heel                 \_\_\_ perfect            \_\_\_ OK                \_\_\_ Needs work

Fetch                \_\_\_ perfect            \_\_\_ OK                \_\_\_ Needs work

Drop it              \_\_\_ perfect            \_\_\_ OK                \_\_\_ Needs work

Other \_\_\_\_\_

Does your dog know any tricks? Y/N

List/explain: \_\_\_\_\_

Can you get your dog to settle on command? Y/N

If yes, describe: \_\_\_\_\_

Type of training collar used:

\_\_\_ Neck collar

If yes, indicate type: \_\_\_\_\_ (buckle, choke, pronged, etc.)

\_\_\_ Remote collar

If yes, indicate type: \_\_\_\_\_ (shock, citronella, etc.)

\_\_\_ Head halter

If yes, indicate type: \_\_\_\_\_

\_\_\_ Body harness

If yes, indicate type: \_\_\_\_\_

\_\_\_ None, trained off leash

Dog's response to collar(s) used: \_\_\_\_\_

Is there any ongoing training? Y/N

If yes, describe: \_\_\_\_\_

## **REINFORCER ASSESSMENT**

### **Rewards**

How do you reward your dog? \_\_\_\_\_

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: \_\_\_\_\_

### **Punishment**

Have you ever used any of the following for punishment or training?

\_\_\_ Physical punishment

Dog's reaction: \_\_\_\_\_

\_\_\_ Noise punishment (shaker can/siren)

Dog's reaction: \_\_\_\_\_

\_\_\_ Ultrasonic

Dog's reaction: \_\_\_\_\_

Water sprayer

Dog's reaction: \_\_\_\_\_

Verbal reprimands

Dog's reaction: \_\_\_\_\_

Physical handling

Dog's reaction: \_\_\_\_\_

Muzzle grasp

Dog's reaction: \_\_\_\_\_

Pinning

Dog's reaction: \_\_\_\_\_

Time-out

Dog's reaction: \_\_\_\_\_

Booby traps/repellants

Dog's reaction: \_\_\_\_\_

Which is most effective? \_\_\_\_\_

Does any punishment make the problem worse? Y/N

If yes, describe: \_\_\_\_\_

Has punishment ever led to threatening behavior or aggression? Y/N

If yes, explain: \_\_\_\_\_

Does your dog respond differently to punishment from different family members? Y/N

If yes, describe: \_\_\_\_\_

## HANDLING

Does your dog react negatively to any of the following types of handling:

Nail trimming  Ear cleaning  Brushing fur  Bathing

Rubbing belly  Patting head  Grabbing collar  Being lifted

Rolling over  Brushing teeth  Giving pills  Giving liquid medications

Hugging/kissing

If you marked any of the above please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**HOUSETRAINING SCREEN**

Where is your dog's primary location for elimination? \_\_\_\_\_

On average, how many times a day does your dog

urinate \_\_\_\_\_

defecate \_\_\_\_\_

Is your dog completely housetrained? (No problems or accidents in the house.) Y/N

If Yes, please proceed to Departure Behavior.

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 your dog's favored location outdoors? \_\_\_\_\_

What is your 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 house soil? \_\_\_\_\_

When is the dog most likely to house soil? \_\_\_\_\_

Does your dog soil in the home by:

\_\_\_ urinating

\_\_\_ defecating

\_\_\_ both

What are the most likely locations for indoor elimination? \_\_\_\_\_

Does your dog house soil when family members are at home? Y/N

If yes, describe: \_\_\_\_\_

Does your dog house soil 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

If your dog spends time in a crate, does your dog ever eliminate in the crate? Y/N

Does your dog ever leak/dribble urine? Y/N

Does urine leak while your dog is:

\_\_\_ Sleeping

\_\_\_ Walking

\_\_\_ Approached by owners

\_\_\_ Approached by strangers

\_\_\_ When excited

\_\_\_ When frightened

### **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? Y/N

If yes, where and describe your dog's reaction: \_\_\_\_\_

Is the dog ever alone outdoors? Y/N

How often? \_\_\_\_\_

How long (average)? \_\_\_\_\_

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 Yes, please continue to answer the following questions.

If No, please proceed to next section.

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

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Does the behavior differ depending on length of time or time of day left alone? Y/N

If yes, how: \_\_\_\_\_

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? \_\_\_\_\_

**AGGRESSION SCREEN**

Is aggression the primary reason for today's visit? Y/N

Has your pet ever displayed any of the following:

\_\_\_ Threatening displays

\_\_\_ Growling

\_\_\_ Bite attempts

\_\_\_ Bites

If none, then precede to Behavior Problems.

When was the most recent incident? \_\_\_\_\_

**Situations causing aggression**

Petting/handling/restraint: \_\_\_ Growled \_\_\_ attempted to bite \_\_\_ Bit

Eating food or treats: \_\_\_ Growled \_\_\_ attempted to bite \_\_\_ Bit

Chewing toys/stolen objects: \_\_\_ Growled \_\_\_ attempted to bite \_\_\_ Bit

Waking up: \_\_\_ Growled \_\_\_ Attempted to bite \_\_\_ Bit

What is the potential for injury:

\_\_\_ None/Preventable

\_\_\_ Minimal

\_\_\_ Moderate

\_\_\_ Severe

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: \_\_\_\_\_

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Is your dog ever aggressive to visitors to your home? Y/N

Were the people: \_\_\_ Known \_\_\_ Strangers \_\_\_ Both

Describe: \_\_\_\_\_

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Is your dog aggressive to people when off property? Y/N

Were the people: \_\_\_ Known \_\_\_ Strangers \_\_\_ Both

Describe: \_\_\_\_\_

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Is there a particular person or type (age, sex, uniforms) that your dog is most likely to threaten or bite?

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Is there a particular location or situation where aggression is most likely to occur? Y/N

When/where? \_\_\_\_\_

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Has your dog ever bitten hard enough to break skin or cause injury? Y/N

If yes, describe: \_\_\_\_\_

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Describe situations where your dog barks, threatens, or growls, but does not bite:

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Does your dog ever display aggression to other animals? Y/N

If yes, what animals? \_\_\_\_\_

Describe aggression: \_\_\_\_\_

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When your dog threatens or attempts to bite, how do you handle the situation and what is the dog's reaction? \_\_\_\_\_

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After your dog has bitten how do you handle the situation and what is the dog's reaction?

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How would you describe your dog's attitude at the time of the aggression? (bold, protective, outgoing, fearful, etc.): \_\_\_\_\_

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Most recent incident: \_\_\_\_\_

Date Occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_

Second most recent incident: \_\_\_\_\_

Date Occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_

Third most recent incident: \_\_\_\_\_

Date Occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_

Chronological development of problem(s) and other significant incidents: \_\_\_\_\_

Duration of problem(s): \_\_\_\_\_ Days \_\_\_\_\_ Months \_\_\_\_\_ Years

Has your household changed since acquiring this pet? Y/N

If so, how?

\_\_\_ Death in human family \_\_\_ Death in pet family \_\_\_ Divorce

\_\_\_ Marriage \_\_\_ New baby \_\_\_ Child moved \_\_\_ Pet added

\_\_\_ Family moved \_\_\_ family schedule changed \_\_\_ Other: \_\_\_\_\_

What corrections (behavioral training) and/or medical therapy have been done to date and to what outcome? (Use reverse side if necessary.) \_\_\_\_\_

Do you know if the parents engage in similar behaviors as the presented pet?

\_\_\_ Yes \_\_\_ No \_\_\_ Don't know

If yes, what behaviors are exhibited and by whom? \_\_\_\_\_

Do you know if any littermates are engaging in the same behaviors?

\_\_\_ Yes \_\_\_ No \_\_\_ Don't know

If yes, what behaviors are exhibited and by whom? \_\_\_\_\_

Why have you kept this pet despite its behavior problem(s)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

