**CANINE BEHAVIOR CONSULTATION QUESTIONNAIRE**

**Caring Animal Hospital, 2162 N. Aurelius Rd, Holt, MI 48842**

**Phone (517) 694-6766 Fax (517) 694-7668 erica@caringanimalhospital.net**

**Bethany Steele, DVM; Hailee Cotter, DVM; Erica Suarez, LVT**

**General Information**

Today’s Date:

Date & Time of consultation (if scheduled):

Name:

Email:

Address:

City/Town:

Zip Code:  
Phone: Home ( ); Cell ( )

Business:

Fax:

Veterinary Clinic:

Veterinarian’s name:

Clinic phone: ( )

Who referred you to Caring Animal Hospital?

This questionnaire is being completed by:

**Pet Information**

Pet’s name:

Breed/description:

Date of birth:

Age:

Sex:

Spayed/neutered? Yes No If yes, when?

Color:

Weight:

Describe your dog’s personality:

|  |
| --- |
|  |

**Instructions for the behavior questionnaire**

* Complete this form carefully and include all relevant information
* Read directions closely- not all questions are required for every pet. Skip sections as directed
* You may need to write answers on additional paper. Detailed information is critical for Dr. Steele or Dr. Cotter and Erica, LVT to diagnose and recommend a treatment program.
* If multiple pets are involved, please complete a form for each pet. It is not necessary to duplicate answers. You may bring other pets to the consultation.
* PICTURES ARE VERY HELPFUL; CONSIDER TAKING PICTURES OF YOUR YARD, RESTING AREAS, OTHER PETS, AND LOCATIONS WHERE PROBLEM BEHAVIORS OCCUR. PLEASE TAKE VIDEOS OF YOUR PET DEMONSTRATING ANY RELEVANT BEHAVIORS IF YOU CAN SAFELY DO SO.
* DO NOT SEND MORE THAN 15 PICTURES OR 10 VIDEOS. PROVIDE A SUMMARY OF VIDEOS.
* To avoid losing your information please remember to “save” often and print a copy when you complete this form.
* Return completed forms 3 business days prior to your consultation
* Return of the completed forms by email to [erica@caringanimalhospital.net](mailto:erica@caringanimalhospital.net) is preferred. You may also return it by fax to 517-694-7668

**Your pet’s early history**

Age obtained:

Date obtained:

For what reason, did you obtain this pet?

|  |
| --- |
|  |

Describe your dog’s previous type of home:

*(Include where, for how long, with whom, foster home, shelter, if there was any interaction with parents/littermates, etc.)*

|  |
| --- |
|  |

**The Home Environment**

**List each family member living in the home:**

*(Include yourself, children and/or frequent visitors)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Occupation | Family Relationship | Sex | Age | Describe how they get along with dog | Check box if they will be present for the consultation |
|  |  |  |  |  |  | |  | | --- | |  | |
|  |  |  |  |  |  | |  | | --- | |  | |
|  |  |  |  |  |  | |  | | --- | |  | |
|  |  |  |  |  |  | |  | | --- | |  | |
|  |  |  |  |  |  | |  | | --- | |  | |
|  |  |  |  |  |  | |  | | --- | |  | |
|  |  |  |  |  |  | |  | | --- | |  | |

**List all other pets in the home:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Breed | Sex | Neutered/Spayed | Age | Describe how they get along with dog | Check box if they will be present for the consult |
|  |  |  |  |  |  | |  | | --- | |  | |
|  |  |  |  |  |  | |  | | --- | |  | |
|  |  |  |  |  |  | |  | | --- | |  | |
|  |  |  |  |  |  | |  | | --- | |  | |

**Describe your home, neighborhood, and yard:**

|  |
| --- |
|  |

*(Attach or include a map of your home/yard and provide pictures if this will be useful in fully illustrating your pet’s situation)*

**At what age was your pet when the problem began? \_\_\_\_\_\_\_**

**Principle behavior concern**

**Describe your pet’s primary problem:**

*(Include specifics such as when the problem started, what the dog does, and the result of those behaviors. Include specific or approximate dates and include detailed descriptions of the behavior)*

*How would you describe the severity of this problem? Mild Moderate Severe*

|  |
| --- |
|  |

**What do you think caused the problem?**

Describe at least 3 specific incidents in detail:

|  |
| --- |
|  |

(*Include specifics regarding who was present and what actually occurred. If aggression is your pet’s primary problems, describe the details of the incidents here or in the aggression section)*

Describe what has been implemented to resolve your dog’s behavior problem and the outcome:

|  |
| --- |
|  |

List any drugs, dietary supplements or remedies tried for behavior problems:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date(s) Given | Medication/supplements | Strength | How often given | Purpose/comments/outcome |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Please let us know how you feel about using medications for your pet’s behavior problem:**

I wish to use behavior modification alone to improve my pet’s behavior \_\_\_\_

I wish to use behavior modification alone but will consider using medication if it is recommended \_\_\_\_

I wish to use a combination of behavior modification and medications to improve my pet’s problem \_\_\_

I wish to use a combination of behavior modification and natural supplements to improve my pet’s problem \_\_\_

I fully anticipate using medications to improve my pet’s problem \_\_\_\_

\*Your preferences will be considered as the doctor recommends the approach that best fits your pet’s behavior problem.

**Diet and Nutrition**

Describe your dog’s meals and feeding routine:

(*include diet, when fed and appetite)*

|  |
| --- |
|  |

|  |
| --- |
|  |

**Describe type of treat(s) and when you give them:**

**Activities**

Describe the usual daily schedule for your dog and the family:

*(Include specifics regarding when you get up, walks, exercise, play, resting, when alone, work/school schedules)*

|  |
| --- |
|  |

Favorite play/game(s):

Favorite toy(s):

Describe your dog’s preferred sleeping spot/daytime?

Where does the dog sleep at night?

Can your dog be confined to a crate without showing distress? Yes No

Do you still use a crate or pen?

Describe the crate or confinement area and its location:

Describe the dog’s reaction to being crated or confined:

If you no longer use a crate or confinement, when and why did you stop?  
Does your dog wake you up at night? Yes No

Describe:

**Medical**

Describe any current, pre-existing, or ongoing medical problems:

|  |
| --- |
|  |

List ALL medications/supplements your pet receives currently or frequently:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication | Strength | How often given | When started | Purpose |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Describe laboratory tests:

(*Include blood, urine, radiographs etc. and date performed)*

|  |
| --- |
|  |

**Training**:

*Describe any dog training classes or individual sessions:*

*(Include puppy, obedience, agility or field training)*

|  |
| --- |
|  |

Behavior Profile:

*Indicate your dog’s response to the following situations, checking all that have ever applied.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Behavior | Situation | No reaction | Freezes/Stares | Growls | Barks | Lifts lip | Snaps/bite | Context |
| When approached while chewing on a toy/bone/treat |  |  |  |  |  |  |  |  |
| When taking away a stolen object or bone |  |  |  |  |  |  |  |  |
| When approached while eating |  |  |  |  |  |  |  |  |
| When pushed off furniture |  |  |  |  |  |  |  |  |
| When approached while asleep |  |  |  |  |  |  |  |  |
| To family members |  |  |  |  |  |  |  |  |
| To strangers |  |  |  |  |  |  |  |  |
| To people entering house/yard |  |  |  |  |  |  |  |  |
| To children/infants |  |  |  |  |  |  |  |  |
| In the car (to people outside the car) |  |  |  |  |  |  |  |  |
| To panful stimuli |  |  |  |  |  |  |  |  |
| To familiar dogs |  |  |  |  |  |  |  |  |
| To unfamiliar dogs |  |  |  |  |  |  |  |  |

How long after exposure to these events is finished, does your dog settle down (i.e. back to normal)?

**Indicate if your dog exhibits any of the following behaviors and the context(s) in which said behavior occurs:**

|  |  |
| --- | --- |
| Behavior | Context(s) |
| Cowering |  |
| Ears Back |  |
| Tail tucked |  |
| Retreating |  |
| Hiding |  |
| Whinning/vocalization |  |
| Excessive panting |  |
| Excessive salivation |  |

How would you describe your pet’s maintenance activities?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Normal/appropriate | Decreased | Excessive | New Changes? | Describe abnormalities or peculiarties |
| Thirst |  |  |  |  |  |
| Appetite |  |  |  |  |  |
| Energy/activity |  |  |  |  |  |
| Sleep/rest |  |  |  |  |  |
| Urination Frequency |  |  |  |  |  |
| Urination Volume |  |  |  |  |  |
| Defecation Frequency |  |  |  |  |  |
| Defecation volume |  |  |  |  |  |
| Pain thresh hold |  |  |  |  |  |
| Exercise tolerance |  |  |  |  |  |
| Hearing |  |  |  |  |  |
| Visual acuity |  |  |  |  |  |
| Smell |  |  |  |  |  |
| Vocalization |  |  |  |  |  |
| Self grooming |  |  |  |  |  |

**Departure Behavior**

Describe how your pet is confined, restricted or crated when you leave the home:

|  |
| --- |
|  |

How does your dog react when you prepare to leave?

How long is the dog left alone on the average day and when?

Describe any misbehaviors that occur when your dog is left alone:

|  |
| --- |
|  |

Have you recorded video or audio of how your dog behaves when your dog is left alone? Yes No

Describe what you observed:

What is the dog’s reaction at homecomings?

How does your dog react when left alone in the car?

Is the dog ever alone outdoors? Yes No How often? How long (average)?

How is your dog contained/restricted when left when outdoors?

How does your dog react to being left alone outdoors?

Does your dog ever run away? Yes No

**Elimination Training**

Where is your dog’s primary location for elimination?

Describe how your dog signals when it needs to eliminate:

|  |
| --- |
| **Is your dog completely housetrained? Yes No**  IF NO, PLEASE CONTINUE. IF YES, SKIP THE NEXT SECTION AND PROCEED TO TRAINING |

Does your dog soil in the home with urine\_\_\_; stools\_\_\_\_;both\_\_\_ How often?

Does your dog soil in a specific location \_\_\_; multiple locations \_\_\_; random locations\_\_\_

What are the most likely locations for soiling?

When is the dog most likely to housesoil?

Does your dog housesoil when family members are at home? Yes No

If yes, describe when:

Does your dog housesoil while you are watching? Yes No

If yes, what is your reaction and your dog’s response?

What do you do when you catch your dog soiling in an incorrect location?

What do you do when you find urine or stool that has been passed in the improper location?

What is your dog’s response?

Do you accompany your dog outside for elimination? Yes No

Do you confine your dog to a crate, room, or pen? Yes No  
 If yes, does your dog eliminate in the crate, room, or pen? Yes No

Does your dog leak urine or lose control? Yes No If yes, describe when and where:

Describe the type of training methods you have implemented and why:

|  |
| --- |
|  |

Describe any specialized training you have done with your dog (*obedience, conformation, agility, flyball, hunting, retrieving, coursing, protection, etc):*

Have you consulted a trainer, veterinarian, or behavior specialist for the problem of which you are seeking help today? Yes No ***Describe the recommendations and note if you followed them and the outcome:***

|  |
| --- |
|  |

What books have you read and implemented:

Describe any tricks your dog knows:

Describe your dog’s learning ability:

**Please indicate how your dog responds to the following commands:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Good** | **Fair** | **Poor** | **Never** | **Comments/Describe** |
| **Sit** |  |  |  |  |  |  |
| **Down** |  |  |  |  |  |  |
| **Come (indoors)** |  |  |  |  |  |  |
| **Come (in yard)** |  |  |  |  |  |  |
| **Come (in park/public place)** |  |  |  |  |  |  |
| **Walks on loose leash** |  |  |  |  |  |  |
| **Give/Drop toy** |  |  |  |  |  |  |
| **Give/Drop stolen item** |  |  |  |  |  |  |

**Punishment/Discipline/Corrections**

Have you ever used any of the following for punishment or training? (*Mark all answers that apply)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Never tried | Tried | Use often | Improves Behaviors | Worsens Behavior | Comments/Describe |
| Verbal Reprimands |  |  |  |  |  |  |
| Physical Punishment |  |  |  |  |  |  |
| Muzzle grasp |  |  |  |  |  |  |
| Lifting off ground |  |  |  |  |  |  |
| Pinning/alpha rolling |  |  |  |  |  |  |
| Noise shaker can/chains |  |  |  |  |  |  |
| Noise ultrasonic/siren |  |  |  |  |  |  |
| Water sprayer |  |  |  |  |  |  |
| Citronella/air spray |  |  |  |  |  |  |
| Booby traps/repellents |  |  |  |  |  |  |
| Time-out |  |  |  |  |  |  |
| Shock collar |  |  |  |  |  |  |
| Citronella collar |  |  |  |  |  |  |
| Anti-bark collar |  |  |  |  |  |  |
| Containment collar |  |  |  |  |  |  |
| Buckle/flat collar |  |  |  |  |  |  |
| Head halter |  |  |  |  |  |  |
| Prong Collar |  |  |  |  |  |  |
| Choke/chain collar |  |  |  |  |  |  |
| Body harness |  |  |  |  |  |  |

Describe how you discipline your dog and your dog’s response:

|  |
| --- |
|  |

Has punishment ever led to threatening behavior or aggression? Yes No

If yes, describe:

How do you control your dog on a walk? Describe any devices used to walk dog: leash halter, harness, collar or off leash:

|  |
| --- |
|  |

*\*\*\*\*Please bring all training devices, collars, halters, and harnesses you have for your dog to your appointment\*\*\*\**

Describe how your dog reacts when people come to the door or into your home. Describe your routine and any precautions when visitors come to your home:

*(Include family, visitors, delivery people and service technicians)*

|  |
| --- |
|  |

Describe how your dog reacts at the veterinary clinic:

*(Include in the lobby or for procedures)*

|  |
| --- |
|  |

Describe how your dog acts on car rides:

|  |
| --- |
|  |

**Handling**

Please characterize your dog’s reaction to the following. It is not necessary to attempt these, just describe your experiences.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Enjoys | Accepts willingly | Accepts reluctantly | Resists | Threatens/aggressive | Cannot attempt | Comments/Describe |
| Nail trimming |  |  |  |  |  |  |  |
| Bathing |  |  |  |  |  |  |  |
| Petting |  |  |  |  |  |  |  |
| Rubbing belly |  |  |  |  |  |  |  |
| Patting head |  |  |  |  |  |  |  |
| Hugging/kissing |  |  |  |  |  |  |  |
| Being Lifted |  |  |  |  |  |  |  |

**Reactivity**

Indicate how your dog reacts to each of the following:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Calm | Friendly | Excited | Ambivalent | Confused | Fearful | Aggressive | Comments/  Describe how you respond |
| Familiar dogs |  |  |  |  |  |  |  |  |
| Unfamiliar dogs |  |  |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |  |  |
| Unfamiliar people  Approaching at home |  |  |  |  |  |  |  |  |
| Unfamiliar people approaching away from home |  |  |  |  |  |  |  |  |
| Unfamiliar visitors to the home |  |  |  |  |  |  |  |  |
| Approached while eating |  |  |  |  |  |  |  |  |
| Approached while playing with toys |  |  |  |  |  |  |  |  |
| Disturbed while resting |  |  |  |  |  |  |  |  |
| Familiar people |  |  |  |  |  |  |  |  |

Does your dog exhibit fear of noises (*thunder, fireworks, rain/wind, house hold noises, smoke alarms)*? Yes No

Describe how your dog responds to noises:

*(Include which noises, does dog retreat, how does your dog look and how long before the dog returns to normal)*

|  |
| --- |
|  |

**Aggression**

|  |
| --- |
| **Does your dog demonstrate any threats or aggression (growl, snarl, snap or bite)? Yes No**  **Is aggression the primary reason for today’s visit? Yes No**  **If yes, Please continue. If no, skip the next section and proceed to your behavior consultation.** |

**Has your dog ever displayed threats or aggression to the immediate family? Yes No**

**Has your dog ever displayed threats or aggression to unfamiliar people? Yes No**

**Has your dog ever displayed threats or aggression to unfamiliar dogs? Yes No**

**Has your dog ever displayed threats or aggression to dogs living in the same home? Yes No**

**Has your dog’s bites caused a serious injury? Yes No**

**What is the potential for injury? None/preventable; minimal; moderate, severe**

**If necessary, could you predict and avoid or prevent all situations in which aggression might arise? Yes No**

**Is the problem serious enough that you will be unable to keep your pet if it is not improved? Yes No**

**Is legal action pending due to your dog’s aggressive behavior? Yes No**

|  |
| --- |
|  |

**Date rabies vaccination expires?**

Describe the most significant aggressive event:

*(This description should be very detailed. Like telling a story, include the setting, who was present, what occurred, the outcome and what you did. Avoid simple statements such as “the dog was angry” and instead describe exactly what occurred such as “the dog got off the couch, charged 10 feet and bit the man on the leg”). It is OK if you answered this under “pet’s primary concern” as long as the description is very detailed).*

|  |
| --- |
|  |

Describe the most recent aggressive event:

|  |
| --- |
|  |

Describe another or “typical” aggressive event:

|  |
| --- |
|  |

|  |
| --- |
|  |

How can you tell if your dog is about to become aggressive?

Characterize the severity of the bites:

|  |
| --- |
|  |

Describe your response to your dog’s aggression and what you have done to resolve this problem:

|  |
| --- |
|  |

SUMMARIZE BITE HISTORY

|  |
| --- |
|  |

Total number of bites that have occurred

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date (maybe approximate) | Situation | Who was bitten (name, person, or animal) | Relationship (familiar/stranger) | Bite Break Skin | Comments |
|  |  |  |  | Yes No |  |
|  |  |  |  | Yes No |  |
|  |  |  |  | Yes No |  |
|  |  |  |  | Yes No |  |
|  |  |  |  | Yes No |  |
|  |  |  |  | Yes No |  |
|  |  |  |  | Yes No |  |

**Your pet’s behavior consultation**

Is there anything else you would like to add about your pet and its behavior? Include any other information you think is relevant to the case or your family.

|  |
| --- |
|  |

Describe your goals and expectations for your dog’s behavior

|  |
| --- |
|  |

Describe your goals and expectations for this behavior consultation

|  |
| --- |
|  |

Describe how you learn best:

|  |
| --- |
|  |

**Thank you for completing this form!**

**You have taken an important step toward resolving your pet’s behavior problem!!**

**Checklist for your behavior appointment**

* **Please bring or email a picture of your pet for our profile (behaving or misbehaving)**
* **Please complete and return this questionnaire 3 days prior to your appointment Fax 517-694-7668 or email** [erica@caringanimalhospital.net](mailto:erica@caringanimalhospital.net)
* **Print an extra copy of this completed form now and bring that copy to the appointment**
* **We require 48 hour Notice to cancel or reschedule your appointment**
* **Bring ALL collars, training aids, medications, and supplements**