**Canine Behavior Consultation Questionnaire**

**GENERAL INFORMATION**

Name: Click here to enter text.

Address: Click here to enter text.

Email: Click here to enter text.
Phone(s): Home: Click here to enter text. Cell: Click here to enter text.

Best # to reach you: Home [ ]  Cell [ ]

Veterinarian’s Information:

Name of Hospital or Clinic: Click here to enter text.

Veterinarian’s Name: Click here to enter text.

Phone: Click here to enter text.

How did you hear about us? Choose an item.

If other, please explain: Click here to enter text.

Date of Consultation: Click here to enter a date.

**PET INFORMATION**

Pet’s Name: Click here to enter text.

Age (Approximately if unknown): Click here to enter text.

Date of birth (if known): Click here to enter text.

Age (or approximate age) when obtained: Click here to enter text.

Breed: Click here to enter text.

Color: Click here to enter text.

Weight: Click here to enter text.

Sex: Male [ ] Female [ ]

Altered?: Yes [ ]  No [ ]

Age of Alteration: Click here to enter text.

Any changes after altering?: Click here to enter text.

Where did you obtain this pet? (Provide breed if applicable):Choose an item.

 Name of breeder, shelter, rescue (if applicable): Click here to enter text.

 If other, please explain: Click here to enter text.

If this is not the pet’s first home, please describe previous homes if known:Click here to enter text.

For what purpose was your pet obtained? Choose an item.

Behavior of parents or littermates (if known): Click here to enter text.

Briefly describe your dog’s personality (e.g., quiet, confident, excitable, unruly, bold, stubborn, etc.): Click here to enter text.

**THE HOME ENVIRONMENT**

*Diet*

Type of food (Brand/type): Click here to enter text.

How often is your pet fed?: Choose an item.

When is your dog fed?: Choose an item.

Feeding schedule is: Consistent [ ]  Variable [ ]

Type of treat(s)?: Click here to enter text.

How often do you give treats?: Click here to enter text.

When do you give treats?:Click here to enter text.

List any supplements: Click here to enter text.

*People in the home*

List the members of the household and their ages, including yourself:

* Name: Click here to enter text., Age: Click here to enter text.
* Name: Click here to enter text., Age: Click here to enter text.
* Name: Click here to enter text., Age: Click here to enter text.
* Name: Click here to enter text., Age: Click here to enter text.
* Name: Click here to enter text., Age: Click here to enter text.
* Name: Click here to enter text., Age: Click here to enter text.
* Additional space (if needed): Click here to enter text.

Describe briefly how your pet gets along with each family member including any problems: Click here to enter text.

*Animals in the home*

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

* Name: Click here to enter text., Species: Choose an item., Breed: Click here to enter text., Age: Click here to enter text., Sex: Choose an item.
* Name: Click here to enter text., Species: Choose an item., Breed: Click here to enter text., Age: Click here to enter text., Sex: Choose an item.
* Name: Click here to enter text., Species: Choose an item., Breed: Click here to enter text., Age: Click here to enter text., Sex: Choose an item.
* Name: Click here to enter text., Species: Choose an item., Breed: Click here to enter text., Age: Click here to enter text., Sex: Choose an item.

 Additional space if needed: Click here to enter text.

Describe how your pets get along with each other: Click here to enter text.

**DAILY ACTIVITIES AND ROUTINE**

Type of exercise/play: Click here to enter text.

Who exercises/plays?: Click here to enter text.

How often/how long?: Click here to enter text.

Favorite game(s):Click here to enter text.

Favorite toy(s):Click here to enter text.

Where is your dog’s favored sleeping spot?: Click here to enter text.

Where does the dog sleep at night?: Click here to enter text.

Have you ever used a crate for confinement? Yes [ ] No [ ]

If yes, describe crate and location: Click here to enter text.

Describe the dog’s reaction to being crated: Click here to enter text.

Do you still use a crate? Yes [ ]  No [ ]

If no, when and why did you stop?: Click here to enter text.

Briefly describe the usual daily schedule for the family: Click here to enter text.

**TRAINING**

Has this pet had obedience training? Yes [ ]  No [ ]

Please specify: Choose an item.

Describe training classes (if applicable) your dog has had (including trainer’s name if applicable): Click here to enter text.

Type of training collar used (Check any applicable):

 Flat collar around the neck: [ ]

 Chain collar around the neck: [ ]

 If yes, please indicate: Choke [ ]  Prong/Pinch [ ]

 Remote Collar:[ ]

If yes, please indicate: Shock [ ]  Citronella [ ]  Vibration [ ]

Head halter: [ ]

If yes, indicate type: Click here to enter text.

Body harness: [ ]

If yes, indicate type: Click here to enter text.

How would you describe the training? (Check any applicable):

Reward-based [ ]  Assertive/domineering [ ]  Aversive/mostly corrections [ ]  Other: Click here to enter text.

Briefly describe the training techniques used: Click here to enter text.

What training was most successful?:Click here to enter text.

What training was least successful?:Click here to enter text.

Describe your dog’s learning ability: Click here to enter text.

Is there any ongoing training? Yes [ ]  No [ ]

If yes, describe: Click here to enter text.

List family member(s) with most control: Click here to enter text.

List family member(s) with least control: Click here to enter text.

**REINFORCER ASSESSMENT**

What is your dog’s favorite reward?: Click here to enter text.

If you could give your dog *ANY* food as a reward, what would be the favorite? List the top five:

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.
4. Click here to enter text.
5. Click here to enter text.

Other than food, what rewards (e.g., toy, affection) would be most enticing to your dog? List the top five:

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.
4. Click here to enter text.
5. Click here to enter text.

**PUNISHMENT**

Have you ever used any of the following for punishment or training? (Check any applicable):

* Physical punishment [ ]  - Dog’s reaction: Click here to enter text.
* Noise punishment (Ex. Siren, shaker can, etc.) [ ]  - Dog’s reaction: Click here to enter text.
* Ultrasonic [ ]  - Dog’s reaction: Click here to enter text.
* Water sprayer[ ]  - Dog’s reaction: Click here to enter text.
* Verbal reprimands [ ]  - Dog’s reaction: Click here to enter text.
* Physical handling [ ]  - Dog’s reaction: Click here to enter text.
* Pinning [ ]  - Dog’s reaction: Click here to enter text.
* Time-out [ ]  - Dog’s reaction: Click here to enter text.
* Booby traps/repellants [ ]  - Dog’s reaction: Click here to enter text.

What punishment was the most effective?: Click here to enter text.

Does any punishment make the problem worse?: Yes [ ]  No [ ]

If yes, describe: Click here to enter text.

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

If yes, please explain: Click here to enter text.

Does your dog respond differently to punishment from different family members?: Yes [ ]  No [ ]

If yes, please describe: Click here to enter text.

**HANDLING**

How does the dog react to the following types of handling:

* Nail trimming: Good [ ]  Indifferent [ ]  Hates it [ ]  Not applicable [ ]
* Brushing: Good [ ]  Indifferent [ ]  Hates it [ ]  Not applicable [ ]
* Rubbing belly: Good [ ]  Indifferent [ ]  Hates it [ ]  Not applicable [ ]
* Grabbing collar: Good [ ]  Indifferent [ ]  Hates it [ ]  Not applicable [ ]
* Rolling over: Good [ ]  Indifferent [ ]  Hates it [ ]  Not applicable [ ]
* Giving medication: Good [ ]  Indifferent [ ]  Hates it [ ]  Not applicable [ ]
* Hugging/kissing: Good [ ]  Indifferent [ ]  Hates it [ ]  Not applicable [ ]
* Ear cleaning: Good [ ]  Indifferent [ ]  Hates it [ ]  Not applicable [ ]
* Bathing: Good [ ]  Indifferent [ ]  Hates it [ ]  Not applicable [ ]
* Patting head: Good [ ]  Indifferent [ ]  Hates it [ ]  Not applicable [ ]
* Being lifted: Good [ ]  Indifferent [ ]  Hates it [ ]  Not applicable [ ]
* Teeth brushing: Good [ ]  Indifferent [ ]  Hates it [ ]  Not applicable [ ]
* Disturbed from sleep: Good [ ]  Indifferent [ ]  Hates it [ ]  Not applicable [ ]

**HOUSETRAINING SCREEN**

Where is your dog’s primary location for elimination?: Click here to enter text.

On average, how many times a day does your dog:

 Urinate: Choose an item.

 Defecate: Choose an item.

Is your dog completely housetrained?: Yes [ ]  No [ ]

*If yes, please proceed to the next section. If no, please continue to answer the following questions.*

Does your dog ever eliminate outdoors?: Yes [ ]  No [ ]

Do you accompany your dog to its elimination site?: Yes [ ]  No [ ]

What is your dog’s favored location outdoors to eliminate?: Click here to enter text.

What is your preferred location for your dog to eliminate?: Click here to enter text.

What do you do after your dog eliminates in the correct location?: Click here to enter text.

What do you do when you catch your dog soiling in an incorrect location?: Click here to enter text.

Does your dog signal to eliminate? Yes [ ] No [ ]  If yes, describe: Click here to enter text.

About how often does your dog house-soil?: Choose an item.

When is the dog most likely to house-soil?: Click here to enter text.

Does your dog soil in the home by (Choose one): Urinating [ ]  Defecating [ ]  Both [ ]

What are the most likely locations for indoor elimination?: Click here to enter text.

Does your dog house-soil when family members are at home?: Yes [ ]  No [ ]  If yes, describe: Click here to enter text.

Does your dog house-soil while you are watching? Yes [ ]  No [ ]  If yes, describe: Click here to enter text.

What do you do when you find urine or stool in the improper location?: Click here to enter text.

Does your dog urine mark?: Yes [ ]  No [ ]  If yes, describe: Click here to enter text.

Does your dog ever eliminate in a location where he/she has been sleeping? Yes [ ]  No [ ]

Does your dog ever leak/dribble urine?: Yes [ ]  No [ ]

Do you ever confine your dog to a crate? Yes [ ]  No [ ]

If yes, does your dog ever eliminate in the crate?: Yes [ ]  No [ ]

Does your dog have uncontrollable urination when excited?: Yes [ ]  No [ ]

Does your dog have uncontrollable urination when frightened?: Yes [ ]  No [ ]

Does urine leak while your dog is (Check any that apply):

Sleeping [ ]  Walking [ ]  Approached by you or others in the household [ ]  Approached by strangers [ ]  Approached by other animals [ ]

**MEDICAL SCREEN**

*If this is a referred case, please have your veterinarian complete the medical section of this questionnaire.*

Appetite:Choose an item.

Does your pet have any arthritis or other painful conditions?: Yes [ ]  No [ ]  If yes, describe: Click here to enter text.

Have you noticed any deficits in your pet’s senses?: Yes [ ]  No [ ]  If yes, describe: Click here to enter text.

Does your pet drink or urinate excessively?: Yes [ ]  No [ ]  If yes, describe: Click here to enter text.

Stools (Check any that apply): Normal [ ]  Constipation [ ]  Less frequent [ ]  More frequent [ ]  Soft/diarrhea [ ]

Urine (Check any that apply): Normal [ ]  Infrequent [ ]  More frequent [ ]  More volume [ ]

Does your pet have normal eating and bowel movements?: Yes [ ]  No [ ]  If no, describe: Click here to enter text.

Does your pet have any other medical problems?: Yes [ ]  No [ ]  If yes, describe: Click here to enter text.

Is your pet presently on any medication?: Yes [ ]  No [ ]  If yes, describe (include name, dosage, duration):Click here to enter text.

Has your pet had any laboratory tests (blood, urine, X-rays, etc.)?: Yes [ ]  No [ ]  If yes, indicate any abnormal findings: Click here to enter text.

**DEPARTURE BEHAVIOR SCREENING**

When you go out is your dog confined or crated?: Yes [ ]  No [ ]  If yes, indicate if crated or what areas are restricted: Click here to enter text.

How long is the dog left alone on the average day?: Choose an item.

At what time of the day is your dog left alone?: Click here to enter text.

How does your dog react when you prepare to leave?: Click here to enter text.

Has your dog ever been left at a kennel, veterinary office, pet sitter, or with a friend/relative? (Check any applicable): Kennel [ ]  Veterinary office [ ]  Pet sitter [ ]  Friend/relative [ ]

If yes, describe your dog’s reaction: Click here to enter text.

Is the dog ever alone outdoors?: Yes [ ]  No [ ]  How often? Choose an item. How long (average)?: Choose an item.

Where is the dog left when outdoors?: Click here to enter text.

How does your dog react to being left alone outdoors?: Click here to enter text.

Does your dog exhibit any behavior problems when you leave it alone?: Yes [ ]  No [ ]

*If No, proceed to Reactivity below. If Yes, please continue to answer the following questions.*

Describe your dog’s behavior when left alone at home (list problems and how long after departure they occur): Click here to enter text.

Does the behavior differ depending on length of time or time of day left alone?: Click here to enter text.

How does your dog react at the time of departure (as the last person prepares to leave)?: Click here to enter text.

Does the behavior differ depending on who is the last to leave?: Click here to enter text.

What is the dog’s reaction at homecomings?: Click here to enter text.

Have you ever left the dog alone in the car?: Yes [ ]  No [ ]  If yes, how does he or she react? Click here to enter text.

**REACTIVITY**

Indicate how your dog reacts to each of the following (check all that apply):

Familiar dogs on property: Calm [ ]  Excited [ ]  Ambivalent [ ]  Fearful [ ]  Friendly [ ]  Aggressive [ ]

Familiar dogs off property: Calm [ ]  Excited [ ]  Ambivalent [ ]  Fearful [ ]  Friendly [ ]  Aggressive [ ]

New dogs on property: Calm [ ]  Excited [ ]  Ambivalent [ ]  Fearful [ ]  Friendly [ ]  Aggressive [ ]

New dogs off property: Calm [ ]  Excited [ ]  Ambivalent [ ]  Fearful [ ]  Friendly [ ]  Aggressive [ ]

Strangers outside on property: Calm [ ]  Excited [ ]  Ambivalent [ ]  Fearful [ ]  Friendly [ ]  Aggressive [ ]

Strangers off property: Calm [ ]  Excited [ ]  Ambivalent [ ]  Fearful [ ]  Friendly [ ]  Aggressive [ ]

Strangers arriving indoors: Calm [ ]  Excited [ ]  Ambivalent [ ]  Fearful [ ]  Friendly [ ]  Aggressive [ ]

Car rides: Calm [ ]  Excited [ ]  Ambivalent [ ]  Fearful [ ]  Friendly [ ]  Aggressive [ ]

Thunderstorms/fireworks: Calm [ ]  Excited [ ]  Ambivalent [ ]  Fearful [ ]  Friendly [ ]  Aggressive [ ]

Other loud noises (e.g., shouting): Calm [ ]  Excited [ ]  Ambivalent [ ]  Fearful [ ]  Friendly [ ]  Aggressive [ ]

**AGGRESSION SCREEN**

*If there have been no signs of aggression (growl, bite attempts, biting) or if it has been entirely resolved, then proceed to next section.*

Has your pet ever displayed any:

Threatening displays? Yes [ ]  No [ ]

Growling? Yes [ ]  No [ ]

Bite attempts? Yes [ ]  No [ ]

Bites? Yes [ ]  No [ ]

When was the most recent attempt to bite or threaten? Has this problem been entirely resolved?: Click here to enter text.

Situations causing aggression (Please check any that apply):

* Petting/handling/restraint: Growled [ ]  Attempted to bite [ ]  Bitten [ ]  No aggression [ ]

If yes, describe: Click here to enter text.

* Eating food or treats: Growled [ ]  Attempted to bite [ ]  Bitten [ ]  No aggression [ ]

If yes, describe: Click here to enter text.

* Chewing toys/stolen objects: Growled [ ]  Attempted to bite [ ]  Bitten [ ]  No aggression [ ]

If yes, describe: Click here to enter text.

* Waking up: Growled [ ]  Attempted to bite [ ]  Bitten [ ]  No aggression [ ]

If yes, describe: Click here to enter text.

Is aggression the primary reason for today’s visit?: Yes [ ]  No [ ]

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?: Yes [ ]  No [ ]

Is your dog ever aggressive to members of the immediate family?: Yes [ ]  No [ ]

If yes, who?: Click here to enter text.

Is your dog ever aggressive to visitors to your home?: Yes [ ]  No [ ]

Were the people: Choose an item. Describe: Click here to enter text.

Is your dog aggressive to people when off property?: Yes [ ]  No [ ]

 Were the people: Choose an item. Describe: Click here to enter text.

Is there a particular person or type (age, sex, uniforms) that your dog is most likely to threaten or bite?: Click here to enter text.

Is there a particular location or situation where aggression is most likely to occur?: Click here to enter text.

Has your dog ever bitten hard enough to break skin or cause injury?: Yes [ ]  No [ ]

If yes, describe: Click here to enter text.

Describe situations where your dog barks, threatens, or growls, but does not bite: Click here to enter text.

Does your dog ever display aggression to other animals?: Yes [ ]  No [ ]

If yes, what animals? Please describe aggression: Click here to enter text.

When your dog threatens or attempts to bite, how do you handle the situation and what is the dog’s reaction?: Click here to enter text.

After your dog has bitten how do you handle the situation and what is the dog’s reaction?: Click here to enter text.

How would you describe your dog’s attitude at the time of the aggression? (bold, protective, outgoing, fearful, etc.): Click here to enter text.

How would you describe your dog’s expression and postures at the time of aggression? (cowering, ears back, tail tucked, hackles raised, retreating, hiding): Click here to enter text.

**MISCELLANEOUS**

*Please answer any of the following that have not been previously discussed.*

Disobedient: Yes [ ]  No [ ]

Jumps up (owners): Yes [ ]  No [ ]

Jumps up (strangers): Yes [ ]  No [ ]

Won’t come when called: Yes [ ]  No [ ]

Nips/grabs with mouth: Yes [ ]  No [ ]

Only listens when feels like it: Yes [ ]  No [ ]

Pushy/demanding: Yes [ ]  No [ ]

Goes on furniture where not allowed: Yes [ ]  No [ ]

Goes in rooms where not permitted: Yes [ ]  No [ ]

Exploratory: Choose an item.

Activity: Choose an item.

Sleep: Choose an item.

Stool eating: Yes [ ]  No [ ]

If yes: Own stools [ ]  Other dogs [ ]  Cats [ ]  Other: Click here to enter text.

Garbage raiding: Yes [ ]  No [ ]

Food stealing: Yes [ ]  No [ ]

Eats non-food items (pica): Yes [ ]  No [ ]

Licks objects: Yes [ ]  No [ ]

If yes to any of above, describe: Click here to enter text.

Destructive: Chewing: Choose an item. Digging: Choose an item. Other: Click here to enter text.

If yes, describe: Click here to enter text.

Grooming: Normal grooming: Choose an item. Excessive grooming/licking: Choose an item. Self-injurious: Choose an item.

If there is abnormal grooming, describe: Click here to enter text.

Repetitive/compulsive/unusual activity (Check any applicable): Tail chasing [ ]  Sucking [ ]  Star gazing [ ]  Fly chasing [ ]  Light chasing [ ]  Staring [ ]  Other: Click here to enter text.

If yes to any of above, describe: Click here to enter text.

Chasing: Yes [ ]  No [ ]  If yes, describe: Click here to enter text.

Hunting/predation: Yes [ ]  No [ ]  If yes, describe: Click here to enter text.

Sexual habits (Check any applicable): Masturbation [ ]  Mounting [ ]  Roaming/running away [ ]  Describe any undesirable sexual habits: Click here to enter text.

Vocalization (Check any applicable): Barking [ ]  Howling [ ]  Whining [ ]  If yes, describe: Click here to enter text.

Anxiety/fear (Check any applicable):

* Noise sensitivity [ ]  If yes, describe: Click here to enter text.
* Phobic/excessive fear/panic: [ ]  If yes, describe: Click here to enter text.
* Shyness/timidity (non-aggressive), e.g., ears back, cowering, tail tucked, shaking, retreating, hiding, etc.: [ ]  If yes, describe: Click here to enter text.

Describe any situations not discussed previously where your dog is fearful or overly anxious: Click here to enter text.

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

Additional problems or comments: Click here to enter text.

**PRINCIPAL COMPLAINT**

What is the primary problem? (aggressive, destructive, house-soiling, barking, etc.): Click here to enter text.

How would you describe the severity of this problem?: Choose an item.

*Please answer all of the following unless they have been entirely covered in another section:*

When did the problem begin?: Click here to enter text.

What age was your pet when this problem started?: Click here to enter text.

What do you think caused the problem?: Click here to enter text.

Describe the problem, beginning with the most recent incident: Click here to enter text.

Describe previous incidents: Click here to enter text.

Describe the first incident: Click here to enter text.

How often does the problem occur?: Click here to enter text.

Has there been a recent change in frequency or severity?: Yes [ ]  No [ ]  If yes, describe: Click here to enter text.

Describe any changes in the home or the pet’s health when the problem first started: Click here to enter text.

What has been done so far to try and correct the problem?: Click here to enter text.

What has been the dog’s response?: Click here to enter text.

List any techniques that have been at all successful: Click here to enter text.

List any techniques that have made the problem worse: Click here to enter text.

List any drugs (include dosage) tried so far, and the dog’s response to medication: Click here to enter text.

List any other dietary treatments, supplements, or remedies and the dog’s response:Click here to enter text.