**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.