



BEHAVIORAL MEDICINE SERVICE

Behavior Questionnaire · Canine

Please complete this form and return it by email, fax, or mail at least **THREE TO SEVEN DAYS** before your appointment.
The return of this form is a **CRUCIAL** part of your pet's appointment.

Date/Time of appointment: _____

PATIENT

Pet's Name: _____ Breed: _____

Age: _____ Date Of Birth: _____

Sex: _____ Neutered/Spayed? YES NO

OWNER

Name: _____

Street Address: _____

City/State/Zip: _____

Preferred Phone: _____

E-Mail: _____

VETERINARIAN

Please have your pet's veterinary records emailed (behavior@mlahvet.com) or fax attn: Behavioral Medicine to 856-231-8393

Veterinarian Name: _____

Clinic Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

Preferred Pharmacy: _____

24 HOUR EMERGENCY & SPECIALTY CARE

856-234-7626 • 220 Mount Laurel Road • Mount Laurel, NJ • mlahvet.com

HOME ENVIRONMENT

Please list the people, including yourself, living in your household

NAME	AGE	SEX	Relationship (ex. Self, Spouse)	OCCUPATION (optional)	Average # Of Hours Away From Home Per Day	Quality Of Relationship With Dog

HOME ENVIRONMENT

Please list all the animals in the household in the sequence they were obtained:

Name	Species	Breed	Sex	Neutered?	Age Obtained	Age Now	Quality of relationship with dog

BEHAVIOR HISTORY

Please fill out the table below in regard to your dog's primary behavior problems and other problems you would like addressed.

Problem • Please include dates and details of recent incidents	Age at which The problem began

BACKGROUND INFORMATION

How long have you had your dog? _____

How old was your dog when you first acquired him/her? _____

Where did you get your dog? _____

Has this dog had other owners? _____

Why was the dog given up by previous owners? _____

Why did you acquire this dog? _____

Did you meet your dog's parents or do you have any information about littermates? _____
If so, please describe:

Was a temperament test performed? _____
If yes, please describe the results:

Briefly describe your dog's behavior as a puppy (i.e. activity level, response to instructions):

INTERACTIONS WITH OTHER ANIMALS

What is your dog's relationship with the other animals in the household?

What is your dog's response to unfamiliar dogs?

Does your dog interact with other dogs, besides those in your household, on a regular basis? If so, when and where?

What is your dog's response to cats or other small animals outside your household?

INTERACTIONS WITH HOUSEHOLD MEMBERS

Please tell us if there is any aggression in the following circumstances to any members of your household. This may include growling, showing teeth, lunging, nipping, snapping, or biting. Please fill in the chart with "Y" if there has been any aggression to any family member in each circumstance, "N" for no aggression, and N/A if the circumstance does not apply.

HOUSEHOLD MEMBERS	FEMALE ADULTS	MALE ADULTS	CHILDREN	SPECIFIC PERSON	DETAILS
Petting or reaching for dog					
Hugging or kissing dog					
Bending over or staring at dog					
Bathing, grooming or toweling dog					
Disturbing dog when resting					
Pushing or calling dog off furniture					
Giving verbal or physical corrections					
Approach/Interact when dog is eating					
Approach/Interact when dog has bone or other chew item					
Putting on leash or collar					
Lifting Dog					

INTERACTIONS WITH NON-HOUSEHOLD MEMBERS

Please tell us if there is any aggression in the following circumstances to any person who is not a member of your household. This may include growling, showing teeth, lunging, nipping, snapping, or biting. Please fill in the chart with "Y" if there has been any aggression in each circumstance, "N" for no aggression, and N/A if the circumstance does not apply.

HOUSEHOLD MEMBERS	FEMALE ADULTS	MALE ADULTS	CHILDREN	SPECIFIC PERSON	DETAILS
Petting or reaching for dog					
Bending over or staring at dog					
Entering your house or yard					
Enter/Exit any room in your home					
Passing when dog is on leash					
Passing when dog is in the car					
Interacting when dog is on leash					
Interacting when dog is away from home					
Putting on leash or collar					
Running/Jogging/Biking					

WHAT IS YOUR DOG'S RESPONSE TO VISITORS?

Frequent Visitors	Occasional Visitors	Rare Visitors	Repair/Delivery persons

FEARS AND ANXIETIES

Please complete the table below. Please check all that apply.

Circumstance	Defecates	Urinate	Salivates	Dilates Pupils	Trembles	Tucks Tail	Hides	Escapes	Destroys	Vocalizes
Dog is home with family member										
Dog is home alone										
Dog is home with family but separated from family members										
Dog is home alone confined to a crate										
Dog is at groomer's										
Fireworks										
Thunder										
Loud Noises										
Flashes Of Light										

Please list any specific stimuli (i.e., men, umbrellas, traffic noises) your dog seems to be afraid of

TREATMENT

This questionnaire is designed to help us evaluate any role previous treatment may play in either your dog's problems or in their resolution. Please check the items below that were recommended and/or attempted. If your dog responded aggressively or with fear as a result of the use of any of these methods please indicate this response in the "outcome" column.

Recommendation	Tried (Y/N)	Outcome (Aggression, fear, improved behavior, worsened behavior, etc.)
Stare at or "stare down"		
Grab by jowls/scruff +/- shake		
Shake or throw a can		
Step on leash or choke collar and force down		
"Time out" (if done, specify where, when, and for how long)		
Metal choke or pronged collar		
Water pistol / spray		
Halti or Gentle Leader head collar		
No-pull Harness (i.e. Easy Walk)		
Bark or remote-activated shock collar		
Invisible/electric fence (inside or out)		
Citronella spray collar		
Forced exposure to frightening stimuli		
Knee dog in chest/ belly for jumping		
Hit or kick dog		
Growl at dog		
"String up" or hang by leash and collar		
Rub dog's nose/face into urine, feces or destruction		
Tie or tether on short lead hooked to wall or floor		
Yell "no" at dog		
"Alpha roll" (hold on back, put down on back)		
"Dominance down" (hold on side, legs extended, head flat)		
Crate		
Sit or Lie down for extended period		
Agility or other sport activity		
Use of food or puzzle toys (Kongs, etc)		
Praise for good behavior		
Food rewards for good behavior		
Kennel outdoors		
Tether/tie out on a line in yard		
Use of muzzle at home or on walks		
Teach dog "look" or "watch me"		
Increase play/exercise		
Clicker training		
Avoidance of stimuli that trigger fear or aggression		
Feed meals by hand		
Remove food bowl while eating		
Pheromones (DAP, Comfort Zone)		
Anything else that was tried?		

ENVIRONMENT

What type of area do you live in (Urban, Suburban, Etc...) _____

What type of home do you live in (Studio, Apartment, House) _____

Do you have a yard? YES NO
If so, what type of fence do you have? _____

What is the height of your fence? _____

Has your household changed since acquiring your dog? YES NO
If so, how? _____

DAILY SCHEDULE

How many times is your dog walked on a leash per day (Circle One)

1 2 3 4 5 6 7 8 >8

What is the average length of each leash walk (please do not include yard time) _____

How many times is your dog let out in the yard each day (Circle One)

1 2 3 4 5 6 7 8 >8

On average for how long? _____

Does someone go out with the dog? YES NO

How many hours per day does your dog spend OUTDOORS unsupervised? _____

Does your dog have access to the outside through a dog door? _____

Where is your dog when home alone? (i.e. confined to a room or crate, loose in the house, outdoors, etc...)

Do you limit your dog's access to any part of the house when you are home? YES NO
If so, please explain _____

Where is your dog when you have guests? Please indicate whether this is by choice or whether you put him/her there _____

How do you play with your dog? _____

Does your dog ever eliminate in the house? YES NO If so does he/she: Urinate Defecate Both

Does the elimination occur primarily: When you are home When the dog is home alone Both

How does your dog behave as you prepare to leave? _____

How does your dog behave when you return? _____

Where does your dog sleep at night? _____

DIET AND FEEDING

What do you feed your dog? (Please be specific, i.e. brand name, canned vs. dry)

How many meals is your dog fed each day? _____

Where is your dog's food bowl? _____

If other animals eat at the same time, describe the arrangement (e.g. same room, separate rooms, etc.)

Does your dog finish each meal? Yes No

Does someone have to be present for your dog to eat? Yes No

Does your dog have any food allergies or diet restrictions? Yes No
If so, please describe:

Is water available to your dog 24 hours a day? Yes No
If no, why not? _____

MEDICAL HISTORY

At what age was your dog neutered/spayed (if applicable)? _____

Reason:

If your dog is not neutered has he/she ever been bred? Yes No Unsure

Are you planning to breed your dog? Yes No Unsure

Is your pet currently receiving heartworm and flea/tick prevention? Yes No
If so, please list the type:

Do you ever use the following medications/treatments for your dog?
 tramadol (pain medication) Preventic collar

Is your pet on any medications at this time? Yes No
If so, please specify:

MEDICAL PROBLEMS:

Please list any previously diagnosed medical problems and how they were treated.

Date	Diagnosis	Treatment Including medications and dosage	Outcome

Please list any **BEHAVIORAL** medications/supplements you have administered to your pet:

Date	Treatment	Outcome

TRAINING

Has your dog ever attended a training class or had a trainer come to your home? Yes No

If so, please give details (when, where, age of dog, who trained dog)

What method of training was used (i.e. clicker training, leash corrections, special collars, etc.) _____

Name of trainer? _____

Have you done any specialized training with your dog (i.e. agility, tracking, fly ball)? _____

How did your dog perform in training class? _____

Does your dog have any titles/awards? _____

Have you consulted any other behavior specialists prior to your appointment with us? Yes No

If so, who? _____

What tasks will your dog reliably perform on verbal cue?

Sit Lie down Come Wait Stay Heel (not pulling) Watch

Fetch Drop it Other: _____

How did you housetrain your dog? _____

Did you have any difficulties house-training your dog? Yes No

If so, please describe: _____

Have you ever used a crate? Yes No

If yes, do you continue to use it? Never Rarely Sometimes Frequently

MISCELLANEOUS

Does your dog ever mount people, dogs or objects? Yes No
If so, who/what and how often?

Does your dog ever lick people, himself, or inanimate objects excessively? Yes No
If so, who/what and how often?

Is your dog sensitive about having certain body parts touched or handled (especially ears and feet)?
 Yes No If yes, which parts?

Why have you kept the dog despite its behavior problem?

Has the frequency or intensity of the behavior changed since the problem started? Yes No
If so, how and when?

How do you react when your dog shows problem behaviors?

How does your pet respond to your reaction?

BITE HISTORY

If your dog has ever bitten anyone, please list the total number of bites: _____

Please list the number of bites that broke skin: _____

Please list the number of bites reported to public health authorities, and to whom: (i.e. local authorities, hospital, humane society, etc.):

Was there legal action taken against you as a result of the bite(s)? Yes No

Have you read any dog training books? Yes No
If so, please list them:

Have you considered finding another home for this dog? Yes No

Have you considered euthanasia (putting your dog to sleep)? Yes No

