

Canine Behavior Consult Questionnaire

Current Human Household Members				
Yourself:	Age:	Occupation:		
Other Household Pets				
Have you owned dogs previously?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you owned this breed of dog previously?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you owned other pets previously?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Current Pets in the household: type and breed	Name	Age	Spayed or neutered	Relationship with dog (fight, play, avoid)
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Training				
Has your dog ever attended training classes? If so, provide details (where, when, age, handler):		<input type="checkbox"/> YES <input type="checkbox"/> NO Details:		
What type of training techniques were used?				
How well did your dog do in class? If you were asked to leave, explain why:		<input type="checkbox"/> Very Well <input type="checkbox"/> Average <input type="checkbox"/> Poor		
How would you rate your dog's learning ability?		<input type="checkbox"/> Very Well <input type="checkbox"/> Average <input type="checkbox"/> Poor		
What tasks does your dog perform regularly and reliably on cue (e.g. command)?		<input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Down <input type="checkbox"/> Fetch Other:		
Does your dog do tricks?		<input type="checkbox"/> Shake <input type="checkbox"/> Rollover		
Does your dog pull when on a lead?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Sometimes		

Training (cont.)	
Is your dog more obedient in some places than in others? If so provide details:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your dog more obedient with some people than with others? If so provide details:	<input type="checkbox"/> YES <input type="checkbox"/> NO
How do you correct your dog when he/she misbehaves?	
What type of training aids have you used (e.g., pinch collar, prong collar, electric shock)?	
Diet and Feeding Habits	
Type(s) of food: Brands(s) (e.g., Nutro, Eukanuba, Alpo):	<input type="checkbox"/> Dry <input type="checkbox"/> Canned <input type="checkbox"/> Both Brand(s):
Who is primarily responsible for the feeding?	Name:
How much food is given? At what approximate time(s) of day is food given?	Quantity of food: Time(s) of day:
Where is the dog fed (physical location)?	
Where is the dog fed in relation to other dogs in the household?	
Is the dog protective of its food (e.g., does it growl, snap, or bite)? If so provide details:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Describe your dog's appetite: At what speed does it typically eat?	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Fast <input type="checkbox"/> Slow
Do you have to be present for your dog to eat?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What are your dog's favorite foods?	
How much water does your dog drink in a day (in pints or liters)	
How many water bowls are provided?	
Do you add any supplements to your dog's diet? If so, provide details	

Daily Activities	
Where does your dog sleep?	
If it sleeps on your bed, who invites it up?	
When does your dog get up in the morning?	
Does your dog ever wake you at night? If yes, how often and have you any idea why?	<input type="checkbox"/> YES <input type="checkbox"/> NO How often:
How does your dog ask to go outside?	
Does your dog roam free in the yard?	YES NO
If the yard is fenced, what type of material is used?	<input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Chain Link <input type="checkbox"/> Other Details:
Does your dog run the fence-line barking? If yes, at whom does it bark?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> At other dogs <input type="checkbox"/> At people
Does your dog enjoy exploring on its own?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
What type of exercise does your dog receive? If other, provide details:	<input type="checkbox"/> Walk <input type="checkbox"/> Run <input type="checkbox"/> Agility Training <input type="checkbox"/> Other:
Is this done on or off a lead?	<input type="checkbox"/> On lead <input type="checkbox"/> Off lead
Provide details of the frequency of exercise:	
Is there any specific time devoted to play or training on a daily basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your dog play games with you or other family members if yes, provide details:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Who initiates play?	<input type="checkbox"/> Dog <input type="checkbox"/> Family Members
What type of toys does your dog play with? If other, provide details	<input type="checkbox"/> Balls <input type="checkbox"/> Bones <input type="checkbox"/> Ropes <input type="checkbox"/> Frisbee <input type="checkbox"/> Other:

Daily Activities (cont.)	
Where does your dog stay during the day when no one is home?	<input type="checkbox"/> Crate <input type="checkbox"/> Specific Room <input type="checkbox"/> Free run (in house) <input type="checkbox"/> Free run (in fenced yard) <input type="checkbox"/> Doggie daycare/camp
What does your dog do as you prepare to leave?	
Does your dog bark or whine when you leave?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Typically, how long is your dog left alone without human company on any given day?	
Does your dog ever vocalize, engage in destructive behaviors, urinate, or defecate while you are away from home?	<input type="checkbox"/> Vocalizing <input type="checkbox"/> Destructive behaviors <input type="checkbox"/> Urination <input type="checkbox"/> Defecation
What does your dog do during family meals?	
Have there been any changes in your household routine (e.g, new baby, change in working hours)? If yes, provide details:	<input type="checkbox"/> YES <input type="checkbox"/> NO
List the five things your dog likes the most (e.g., specific activities, food, toys)	

Interaction With Family Members

What type of home do you have? If other, provide details:	<input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse <input type="checkbox"/> Other Details:
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To which areas of your home does your dog have access?

Reaction to handling:
 Does your dog exhibit any aggression in the following circumstances? This can include growling, snarling, lunging, nipping, snapping, showing teeth, or even biting. If biting occurs, please specify whether tear, puncture, or bruising is involved:
 Fill out the following table depicting your dog's typical reaction:
 In each box, describe the type of aggression (e.g., growling, snarling) that may be exhibited in each situation, even if it does not occur every time

	Adult owner #1 Name:	Adult owner #2 Name:	Children	Any other specific individual Name:
Handling/grooming	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Petting or hugging	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Disturbed when resting	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Disciplining	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Walking on the lead	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Taking food away	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Taking other objects away	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

Interaction With Others

How does your dog behave when visitors come to the house (e.g., barking door charging)?

Is the behavior different towards familiar and unfamiliar people, If yes, provide details.	<input type="checkbox"/> YES <input type="checkbox"/> NO Details:
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Does your dog displace aggression (e.g., growling, snarling, snapping, biting) to visitors inside your home? If yes, provide details:	<input type="checkbox"/> YES <input type="checkbox"/> NO Details:
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Interaction With Others (cont.)		
Does your dog displace aggression (e.g., growling, snarling, snapping, biting) to visitors outside your home? If yes, provide details:	<input type="checkbox"/> YES <input type="checkbox"/> NO Details:	
Has your dog ever bitten or attacked anyone? If yes, how many times?	<input type="checkbox"/> YES <input type="checkbox"/> NO Details:	
Are there any regular visitors to the home? If so, please provide their name, purpose, time and days, and the dog's reaction:		
What is your dog's response to frequent visitors, occasional visitors, and rare visitors?		
Dog's reaction to:	Inside the home	Outside the home
Familiar men	Details:	Details
Familiar women	Details:	Details
Familiar children	Details:	Details
Unfamiliar men	Details:	Details
Unfamiliar women	Details:	Details
Unfamiliar children	Details:	Details
Familiar dogs	Details:	Details
Unfamiliar dogs	Details:	Details
Other animals (e.g., cats, squirrels)	Details:	Details
Crowded and busy areas	Details:	Details
Other dogs while they are on lead	Details:	Details
Other dogs while they are off lead	Details:	Details

Other Behaviors	
Does your dog show inappropriate mounting or other sexual behavior?	<input type="checkbox"/> YES <input type="checkbox"/> NO Specify whom or what is the target:
Is your dog protective of parts of its body (e.g., ears, mouth, feet)?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, specify which regions:
Does your dog lick or chew itself more than you would expect?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your dog display any reaction to loud noises such as thunderstorms or fireworks? If yes, give details.	<input type="checkbox"/> YES <input type="checkbox"/> NO Details:
Are there any other behaviors that you find objectionable, feel you should mention, or wish to discuss? If yes, describe these	<input type="checkbox"/> YES <input type="checkbox"/> NO Details:
The Current Problem	
Describe the problem you are currently experiencing with your dog:	
How old was the doge when the problem began?	
Is this a chronic (constant) or intermittent problem?	<input type="checkbox"/> Chronic <input type="checkbox"/> Intermittent
Where does the problem commonly occur?	
With home does it occur?	
How often does it occur?	
If the problem is house soiling, does it occur when you are home and/or away?	<input type="checkbox"/> Home <input type="checkbox"/> Away <input type="checkbox"/> Both
If the problem is destructive behavior, does it occur when you are home and/or away?	<input type="checkbox"/> Home <input type="checkbox"/> Away <input type="checkbox"/> Both
Additional details about the problem:	
Is there any legal action pending because of this dog's behavior?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain in detail:

Aggression Section (If applicable)	
Describe the most recent incident and the setting in which it occurred (be precise)	
Where was the dog?	
Where was everyone else in relation to the dog?	
What was everyone doing prior to the incident?	
What was the dog's body posture (position of ears, tail face, hair on back)?	
What was your reaction or response?	
What was the dog's reaction to your response?	
Was any form of punishment used? If so give details: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was there a bite wound?	<input type="checkbox"/> Puncture <input type="checkbox"/> Tear
Describe the previous three incidents prior to the most recent incident:	
How frequently does this type of incident occur?	<input type="checkbox"/> Several Times a day <input type="checkbox"/> Daily <input type="checkbox"/> Several Times a week <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
Does this problem occur when the dog is left alone?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
Does this problem occur when family members are present?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
What has been done to correct the problem?	
Is the problem getting better or worse?	<input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> No Change
Do you suspect any cause?	

Relationship with Canine	
How would you describe your own and your family's relationship with this dog?	Adult owner #1
	Adult owner #2
	Children
What are your own and your family's feelings about the dog's present behavior?	Adult owner #1
	Adult owner #2
	Children
What is your expectation for change?	
Under what circumstances would you consider rehoming this dog?	
Under what circumstances would you consider relinquishing this dog to a shelter or rescue?	
Under what circumstances would you consider euthanasia?	