



CARY GROVE ANIMAL HOSPITAL

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BEHAVIOR QUESTIONNAIRE FOR DOGS

*Please complete this form and return it by email, mail, or in person at least
THREE TO SEVEN DAYS before your appointment.*

Date/Time of appointment:

Patient Info:

Pet's name:

Age:

Sex:

Breed:

Date of birth:

Neutered/Spayed? Y / N

Owner Info:

Last name:

Street address:

City, State, ZIP:

Preferred phone:

Email:

First name:

Secondary phone:

Who is your regular veterinarian?

Dr.

Clinic Name:

Street address:

City, State, ZIP:

Phone:

Fax:

Email:

Please have your pet's veterinary records emailed or faxed to the numbers
above for Cary Grove Animal Hospital

Who referred you to us?

RABIES VACCINATION STATUS

Date of last Rabies vaccination: _____ 1 year 3 year

MEDICAL HISTORY

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

Reason:

2. If your dog is not neutered has he/she ever been bred or are you planning to breed your dog? Yes No Unsure

3. List any major illness/surgeries (dates):

List ALL medications/treatments your dog is currently receiving, including heartworm, flea/tick preventative, dietary supplements, herbal/homeopathic treatments:

Name of medication	Dosage/frequency given	Date medication started	Outcome/effects/changes seen (if applicable)

DIET AND FEEDING

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

2. How many meals is your dog fed each day and how much?

3. Where is your dog's food bowl?

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

5. Does your dog finish each meal? Yes No

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

7. Does your dog have any food allergies or diet restrictions? Yes No

If so, please describe:

8. Is water available to your dog 24 hours a day? Yes No

If no, why not?

HOME ENVIRONMENT

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

Name	Age	Sex	Relationship (i.e. self, spouse)	Quality of relationship with patient

Please list other people in regular contact with pet:

Name	Age	Sex	Relationship (i.e. pet sitter, friend, grandchild)	Quality of relationship with patient

Please list all the animals in the household (including the patient) in the order they were obtained:

Name	Species	Breed	Sex/ Neuter	Age Obtained	Age Now	Quality of relationship with patient

1. What type of area do you live in (Urban, suburban, etc.)?

2. What type of home do you live in (studio, apartment, house)?

3. Do you have a yard? Yes No

Is it fenced?

What type of fence?

What is the height of the fence?

4. Has your household changed since acquiring your dog (e.g. moves, illness/death of pets/people, added new people/pets to the household, etc.)? Yes No If so, how?

PRIMARY BEHAVIOR PROBLEM:

What is the main behavior problem you wish to address at this appointment?

How has the problem progressed over time? For example, “the dog would growl at large dogs on walks, but started lunging at all dogs a year later.”

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

List the other problem behaviors in order of importance to you. Due to the intense focus on your dog’s main problem, there may be limited opportunity to address these at the initial consultation.

How do you react when your dog shows problem behaviors?

How does your pet respond to your reaction?

Describe **the very first** incident of the primary behavior problem, even if it wasn't as serious as it is now. Include where the incident occurred, who else (human and animal) was present, what happened just before the incident, how everyone reacted.

Approximate date of event: _____

Dog's approximate age at time of event: _____

Describe, as above, the most recent incident:

Approximate date of event: _____

Dog's approximate age at time of event: _____

Describe, as above, another incident that illustrates the problem behavior:

Approximate date of event: _____

Dog's approximate age at time of event: _____

EXPECTATIONS:

What would you like to see as an outcome from your behavioral consult?

BACKGROUND INFORMATION

1. How long have you had your dog?
2. How old was your dog when you first acquired him/her?
3. Where did you get your dog?

4. Has this dog had other owners? Yes No If yes, how many?

Why was the dog given up by the previous owners?

5. Have you owned dogs before? Yes No

6. Why did you acquire this dog?

7. Did you meet your dog's parents or do you have any information about littermates? Yes No

If so, please describe:

8. Was a temperament test performed? Yes No Unknown

If yes, please describe the results:

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

INTERACTIONS WITH OTHER ANIMALS

1. What is your dog's response to unfamiliar dogs?

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

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

DAILY SCHEDULE

1. How many times is your dog **walked on a leash** per day (*Circle one*)?

0 1 2 3 4 5 6 7 8 >8

2. What is the **average length of each leash walk** (please do not include yard time)?

3. How many times a day is your dog let out in the yard each day (*circle one*)?

0 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? Yes No

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

5. Do you limit your dog's access to any part of the house when you **are** home? If so, please explain:

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

7. How do you play with your dog?

8. Does your dog ever eliminate in the house? Yes No

If so, does he or she: Urinate Defecate Both

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

9. How does your dog behave as you prepare to leave?

10. How does your dog behave when you return?

11. Where does your dog sleep at night?

12. What is a typical day (24 hours) in the pet's life like?

Please start with where the pet is when you wake up in the morning.

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.**

NON-HOUSEHOLD MEMBERS	Female adults	Male adults	Children	Specific person	Details
Petting or reaching towards 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 w/ dog on leash					
Interacting w/ dog 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 alone with another pet										
Dog is home with family but separated from family members										
Dog is home alone confined to a crate										
Dog is at veterinary office										
Dog is at groomer's										
Fireworks										
Thunderstorms										
Loud noises										
Flashes of light										

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

TRAINING

1. 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)

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

3. Name of trainer?

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

5. How did your dog perform in training class?

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

If so, who?

7. What tasks will your dog reliably perform on verbal cue?

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

Fetch Drop it Other:

8. How did you housetrain your dog?

9. Did you have any difficulties house-training your dog?

If so, please describe:

10. Have you ever used a crate? Yes No

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

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

Date	Treatment	Outcome

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?		

BITE HISTORY

1. If your dog has ever bitten anyone, please list the total number of bites:
2. Please list the number of bites that broke skin:
3. Please list the number of bites reported to public health authorities, and to whom: (i.e. local authorities, hospital, humane society, etc.):
4. Was there legal action taken against you as a result of the bite(s)?
 Yes No

MISCELLANEOUS

1. Does your dog ever mount people, dogs or objects? Yes No
If so, who/what and how often?
2. Does your dog ever lick people, himself, or inanimate objects excessively? Yes No
If so, who/what and how often?
3. Is your dog sensitive about having certain body parts touched or handled (especially ears and feet)?
If yes, which parts?
4. Why have you kept the dog despite its behavior problem?
5. Have you considered finding another home for this dog? Yes No
6. Have you considered euthanasia (putting your dog to sleep)? Yes No

Anything else you would like to add about your pet's behavior?

If you think a map or drawing of your house and/or yard would be helpful, please feel free to include one.