

*Great Lakes Veterinary Behavior Consultants*

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**greatlakesvetbehavior.com**

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## **Canine Behavior Questionnaire**

### **Owner Information**

Today's date: \_\_\_\_\_ Date/time of Behavior Consultation: \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers-- Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Other cell: \_\_\_\_\_ Specify whose cell: \_\_\_\_\_

Which phone number should be primary contact number? (Keep in mind most phone calls will be made during the day) \_\_\_\_\_

Email address(es):  
\_\_\_\_\_

Referring veterinarian's name: \_\_\_\_\_

Referring veterinarian's clinic name: \_\_\_\_\_

Clinic address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_ Clinic Fax: \_\_\_\_\_

Referring veterinarian's email address: \_\_\_\_\_

### **Dog Information**

Dog's Name: \_\_\_\_\_ Breed(s): \_\_\_\_\_ Color: \_\_\_\_\_

Date of birth: \_\_\_\_\_ If unknown date of birth, estimated age: \_\_\_\_\_

Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/neutered? \_\_\_ Yes \_\_\_ No

Age at spay/neuter: \_\_\_\_\_ How old was your dog when you obtained him/her? \_\_\_\_\_

Where did you get your dog?  Stray/found  Animal shelter  Pet store  Breeder  
 Rescue league  Private home  Friend  Relative  Other (please explain)

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Did you get to meet your dog's parent(s)?  Yes  No

Describe the personality of the parent(s) (if known): \_\_\_\_\_

For what purpose did you obtain your dog (family pet, show dog, assistance dog, agility, etc. )?  
\_\_\_\_\_

Has your dog had any previous owners?  Yes  No If yes, how many? \_\_\_\_\_

If your dog had a previous owner, please describe the reason the last owner could not/did not keep dog:  
\_\_\_\_\_  
\_\_\_\_\_

Describe your dog's personality in 5 words or less (e.g. quiet, stubborn, loveable, shy, bold, etc. ):  
\_\_\_\_\_

### **Medical Information**

Does your dog have any medical conditions?  Yes  No

If yes, please list: \_\_\_\_\_

Does your dog have any arthritis or other painful conditions?  Yes  No

If yes, please describe: \_\_\_\_\_

Has your dog ever had a seizure?  Yes  No

Have you noticed any decrease in your dog's senses (e.g. can't see very well, can't hear well, etc.)?  
 Yes  No

If yes, please describe: \_\_\_\_\_

Please list all medications and supplements that your dog is taking (include drug name, dose, how many times a day, how long he/she has been taking it): Include all heartworm preventatives/parasite preventatives  
\_\_\_\_\_  
\_\_\_\_\_

Date of most recent rabies vaccine: \_\_\_\_\_  1 year vaccine  3 year vaccine

Appetite:  Normal  Increased  Decreased  Picky  Eats fast

Are there any foods that your dog cannot have due to medical reasons?  Yes  No

If yes, please list: \_\_\_\_\_

Stool consistency:  Normal  Very hard  Soft but formed  Diarrhea  Other (please describe) \_\_\_\_\_

Have you ever noticed blood in the stool?  Yes  No If yes, when? \_\_\_\_\_

Have you ever noticed mucus in the stool?  Yes  No If yes, when? \_\_\_\_\_

Does your dog eat his/her own stool?  Yes  No

Does your dog seem to have normal bowel movements?  Yes  No

If no, describe: \_\_\_\_\_

Urine character:  Normal  Dilute (watery)  Strong smell  Larger amount than normal  Smaller amount than normal  Bloody  Other (please describe):

\_\_\_\_\_

Is there any discomfort noted during urination?  Yes  No

If yes, please describe: \_\_\_\_\_

What is your dog's activity level?  Normal  Increased  Decreased

Does your dog have any problems sleeping?  Yes  No

If yes, describe: \_\_\_\_\_

Does your dog lick him/herself excessively?  Yes  No

If yes, what part(s) of the body? \_\_\_\_\_

Does your dog lick other objects excessively?  Yes  No

If yes, what objects? \_\_\_\_\_

Does your dog do any of the following (check all that apply)?  Chase his/her tail  Stare at ceiling/sky  Suck on his/her skin  Bite at imaginary objects  Stare at objects  Chase lights/shadows

If yes to any of the above, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Does your dog have any undesirable sexual habits?  Yes  No

If yes, please describe: \_\_\_\_\_

Has your dog had any laboratory tests in the last six months?  Yes  No

If so, please list any abnormal results: \_\_\_\_\_

\_\_\_\_\_

### Home Environment

Please list all of the people (including yourself) living in your household:

Name	Sex	Age	Relation to you	Occupation
			me	

Please list all animals (including the patient) living in the household:

Name	Breed (or species if not a dog or cat)	Sex	Spayed/neutered (circle)	Pet's age when obtained	Pet's age now	Year pet was obtained
(patient)			Yes No			
			Yes No			
			Yes No			
			Yes No			
			Yes No			
			Yes No			
			Yes No			
			Yes No			

Please describe the relationship between this dog and the other pets if you feel it is relevant to the behavior problem(s):

\_\_\_\_\_

\_\_\_\_\_

What type of home do you live in (e.g. apartment, house, etc.)? \_\_\_\_\_

How many times have you moved since acquiring your dog? \_\_\_\_\_

Have there been any major changes in the household since acquiring your dog? (new baby, change in someone's work schedule, divorce, etc. )? \_\_\_\_ Yes \_\_\_\_ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

### Feeding Schedule/Daily Activities/Routines

What do you feed your dog? (Please include brand name) \_\_\_\_\_

Do you feed your dog meals or is food always available? \_\_\_\_ meals \_\_\_\_ food (almost) always available

If you feed meals, how many meals are fed a day? \_\_\_\_\_

How much food do you feed? (please use standard measuring units (e.g. cups)) \_\_\_\_\_

Who feeds the dog? \_\_\_\_\_

In what room is the dog fed? \_\_\_\_\_

List the different treats (food rewards) that you normally keep on hand: \_\_\_\_\_

\_\_\_\_\_

If your dog could pick his/her 3 favorite food rewards to eat, what would they be (e.g. cheese, hot dogs, Snausages, Beggin' Strips)?

\_\_\_\_\_

Other than food, what rewards (e.g. toy, getting attention, favorite game) does your dog value? List the top three:

\_\_\_\_\_

Where does your dog sleep at night? \_\_\_\_\_

Have you ever used a crate to confine your dog?  Yes  No

What type of crate have you used (e.g. wire, plastic, canvas)?

\_\_\_\_\_

How does/did your dog like the crate?

\_\_\_\_\_

Do you still use a crate?  Yes  No

If you answered no, when and why did you stop?

\_\_\_\_\_  
\_\_\_\_\_

What type of exercise/play does your dog get?

\_\_\_\_\_

In an average week, how many hours of exercise does your dog get?

\_\_\_\_\_

What is your dog's favorite game?

\_\_\_\_\_

Who exercises/plays with the dog?

\_\_\_\_\_

What toys does your dog have? (Please list as many as you can think of) \_\_\_\_\_

\_\_\_\_\_

When you take/let your dog outside, he/she is (check all that apply):

Contained in yard by physical fence (e.g. chain link, wood, etc.)  Tethered (on a chain or cable)

Taken outside on a leash  Contained in the yard by an invisible fence  Allowed to run free

When you are home, how long, on average, does your dog spend outside each day? \_\_\_\_\_

### **Obedience Training/Corrections**

What basic obedience training has your dog had?  None  Trained at home by you (no trainer)

Started obedience class but did not finish  Completed one obedience class

Completed more than one class  Private lessons in your home with a trainer  Sent away to trainer  Other (please describe): \_\_\_\_\_

Name of trainer and training facility (if applicable): \_\_\_\_\_

Describe the training techniques used (e.g. treats, praise, clicker, choke collar corrections, shock, etc.):

\_\_\_\_\_

Name all of the different collars/harnesses that you have ever put on this dog:

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Which collar/harness worked the best? \_\_\_\_\_

Which collar/harness(es) was/were not very effective? \_\_\_\_\_

Has your dog had any specialized training (e.g. herding, agility, protection, etc.)?  Yes  No

If yes, please describe: \_\_\_\_\_

Is there any ongoing training?  Yes  No If yes, please describe: \_\_\_\_\_

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Which family members have the most success? \_\_\_\_\_

Which family members have the least success? \_\_\_\_\_

Rate how well your dog follows the commands below: Use a scale from 1 (poor) to 5 (excellent) or NA (not applicable)

Sit:  Down  Come  Heel (walk on a loose leash)  Drop it

List any tricks that your dog knows (e.g. shake, rollover): \_\_\_\_\_

Does your dog paw at you, bark at you, or nudge you to get your attention?  Yes  No

If yes, please describe: \_\_\_\_\_

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Does your dog jump on you or other people when not invited?  Yes  No

Have you used any of the following for correction or training?

Verbal reprimand:  Yes  No

Squirt with water:  Yes  No

Shaker can:  Yes  No

Grasp muzzle:  Yes  No

Pin dog down:  Yes  No

Time-out:  Yes  No

Physical reprimand:  Yes  No

Shock/electronic collar  Yes  No

Other:  Yes  No (If yes, please describe correction)

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Is any punishment effective? \_\_\_ Yes \_\_\_ No

Does any punishment make the problem worse? \_\_\_ Yes \_\_\_ No

If so, which? \_\_\_\_\_

Has your dog ever gotten aggressive because of being punished? \_\_\_ Yes \_\_\_ No

If so, describe: \_\_\_\_\_

### Body Handling/Reactivity to Owner

Please describe what your dog does in response to the following body handling/activities: (Do not attempt any activities now, especially if your dog has been aggressive toward you. Recall your dog's reaction in the past. Answer with "NA"- not applicable, if you haven't done a particular activity.) Mark all that apply.

NA- not applicable

FR- friendly, happy, or relaxed

FE- fearful (e.g. tries to get away, ears back, trembles, seems nervous, seems "worried")

GR- growls

TE- shows teeth

SN- snaps

BI- bites

Activity	NA	FR	FE	GR	TE	SN	BI
Give pills							
Trim nails							
Give a bath							
Clean ears							
Brush teeth							
Wipe paws off							
Pet on head							
Bend over/stand over dog							
Push on dog's shoulders							
Hug/kiss dog							
Stare at dog							
Put on collar or leash							
Take off collar or leash							
Grab collar							
Push/pull off of furniture							
Lift dog							
Take away dog's food/treats							
Take away dog's toy							
Take away stolen object							
Wake dog							

### Reactivity in Situations

Please indicate your dog's response in each of these situations. Mark all that apply. Do not attempt activities now, especially if your dog can be aggressive. NA= not applicable.

Situation	NA	Calm, ignores	Excited	Friendly	Uncertain	Fearful	Aggressive
Your dog in house, new (unfamiliar dog enters house							
Your dog in house, new dog enters yard or walks by house							
Your dog in yard, new dog enters yard							
Meets new dog on a walk							
Meets new dog at dog park or off-leash							
Strangers (people) enter house							
Your dog in house or yard, strangers walk by							
Meets strangers on walks (when they don't have a dog)							
Your dog in car, strangers walk by							
At grooming shop							
At veterinary clinic							
During thunderstorm							
During fireworks							
During other noisy situations (e.g. trucks, construction)							

Are there any noises that your dog is afraid of?  Yes  No

If yes, please describe:

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Are there any situations where your dog is overly anxious or fearful?  Yes  No

If yes, please describe:

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Does your dog ever get panicky?  Yes  No

If yes, please describe the situation and your dog's response:

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## **Aggression Screen-General**

Has your dog ever growled at someone or another animal?  Yes  No

Has your dog ever barked and/or lunged at someone or another animal?  Yes  No

Has your dog ever snapped at someone or another animal?  Yes  No

Has your dog ever bitten someone or another animal?  Yes  No

If you answered yes to any of the above questions, is the problem entirely resolved?  Yes  No

**If there have been no signs of aggression, if aggression has been completely resolved, or if aggression is not a problem, please skip the Aggression Directed Toward People and Aggression Directed Toward Other Animals sections and continue to Housetraining Screen.**

## **Aggression Directed Toward People**

Is aggression toward people the primary behavior problem?  Yes  No

Total number of bites to people: \_\_\_\_\_

Total number of bites to people that broke skin: \_\_\_\_\_

Total number of bites to people that required a visit to a medical professional: \_\_\_\_\_

Total number of aggressive events (e.g. growling, showing teeth, barking, snapping, biting):  
\_\_\_\_\_

In your opinion, what is the likelihood of future injuries occurring?  Low  Moderate  High

What part(s) of the body has your dog bitten and how severe were the injuries?  
\_\_\_\_\_

Has your dog ever sent anyone to the hospital/doctor?  Yes  No

Is your dog ever aggressive toward people he/she lives with?  Yes  No If yes, describe the situation and who is the target:  
\_\_\_\_\_  
\_\_\_\_\_

Is your dog ever aggressive toward people when your dog is off of his/her property?  Yes  No

If yes, please describe the situation and who is the target:  
\_\_\_\_\_  
\_\_\_\_\_

Is there a particular group of people (e.g. children, uniformed workers) that your dog is more likely to be aggressive toward?  Yes  No

If yes, please describe:  
\_\_\_\_\_

Is there a particular place that aggression is most likely to occur?  Yes  No

If yes, please describe:

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When your dog is aggressive, what are his/her body postures (e.g. tail tucked, ears back, hackles up, standing tall)?

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When your dog is aggressive, what do you do?

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Then, what does your dog do in response to your actions?

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How old was your dog when he/she first showed aggression, even mild aggression (growling/barking/showing teeth), at a person? \_\_\_\_\_

### **Aggression Directed Toward Other Animals**

Does your dog ever show aggression toward other animals? \_\_\_ Yes \_\_\_ No If yes, what animal(s)?

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**If your dog is not aggressive toward other animals, please skip this section and continue to Housetraining Screen.**

Is aggression toward other animals the primary behavior problem? \_\_\_ Yes \_\_\_ No

Total number of bites to other animals: \_\_\_\_\_

Total number of aggressive events (growling, showing teeth, snapping, biting) toward other animals:

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In your opinion, what is the likelihood of future injuries occurring? \_\_\_ Low \_\_\_ Moderate \_\_\_ High

When your dog is aggressive, what is his/her body postures (e.g. tail tucked, ears back, cowering, standing tall)?

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When your dog is aggressive, what do you do?

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Then, what does your dog do in response?

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How old was your dog when he/she first showed any aggression, even mild aggression, toward another animal? \_\_\_\_\_

Has your dog ever killed or injured any wild animal (e.g. bird, squirrel)? \_\_\_ Yes \_\_\_ No

If yes, what animal(s)?

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## Housetraining Screen

Is your dog completely housetrained?  Yes  No

Where does your dog eliminate most often?  
\_\_\_\_\_

How many times per day does your dog urinate? \_\_\_\_\_

How many bowel movements does your dog have per day? \_\_\_\_\_

**If your dog is completely housetrained, please skip the section below and continue to the Departure Screen.**

Does your dog eliminate outside?  Yes  No

Does your dog use papers/potty pads in the home to eliminate?  Yes  No

Does your dog use a litter box in the home to eliminate?  Yes  No

Do you observe your dog routinely when he/she eliminates?  Yes  No

If your dog eliminates outside, where is his/her favorite spot? \_\_\_\_\_

If your dog eliminates outside, where in the yard would you like him/her to eliminate?  
\_\_\_\_\_

If you normally take your dog outside for elimination purposes, describe the entire sequence of events:  
\_\_\_\_\_  
\_\_\_\_\_

Do you reward your dog after he/she has eliminated in a proper location?  Yes  No

Sometimes

If yes, what is the reward?  
\_\_\_\_\_

Does your dog give you any clues that he/she has to eliminate?  Yes  No  Sometimes

If yes, what is/are the signal(s)?  
\_\_\_\_\_

How many times a week does your dog eliminate in the house? \_\_\_\_\_

What type of accidents does your dog have?  Urine  Bowel movement  Both

Where in the house are the accidents?  
\_\_\_\_\_

Is there a particular time of day or night that an accident is more likely to occur?  Yes  No

If yes, please describe when:  
\_\_\_\_\_

Does your dog have accidents when family members are home?  Yes  No

Does your dog have accidents when family members are NOT home?  Yes  No

What do you do if you find an accident?  
\_\_\_\_\_

Does your dog mark vertical or horizontal objects with urine?  Yes  No

Which?  Vertical only  Horizontal only  Both vertical and horizontal

Have you ever found urine where your dog had been resting or sleeping?  Yes  No

Does your dog ever leak or dribble urine?  Yes  No

If yes, when does your dog leak/dribble urine?  
\_\_\_\_\_

If you use a crate to confine your dog, does your dog eliminate in it?  Yes  No

**If Dr. Krause is seeing your dog for housoiling, please keep a daily behavior log noting when accidents happen, where, and what was happening when the accident occurred.**

### Departure Screen

When you leave your home, is your dog given the run of the house?  Yes  No

If not, please describe the area(s) your dog is confined to and how he/she is confined:  
\_\_\_\_\_  
\_\_\_\_\_

What days of the week is your dog left alone? \_\_\_\_\_

Please describe the work schedule of each person in the home: \_\_\_\_\_  
\_\_\_\_\_

On days that you have to leave your dog alone, how long, on average, are you gone?  
\_\_\_\_\_

On days that you leave, what time do you leave?  
\_\_\_\_\_

Is your dog ever left outside when you leave?  Yes  No

If so, how long is he/she left outside alone?  
\_\_\_\_\_

What does your dog do when you are preparing to leave your home?  
\_\_\_\_\_

What does your dog do when you first walk in the door at home?  
\_\_\_\_\_

Is there evidence that your dog has any behavior issues when you are gone?  Yes  No

If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

**If your dog does not have any behavior problems while you are gone, please skip to Primary Problem section.**

Does your dog's behavior change depending on the day or time of day he/she is left alone?

Yes  No

If yes, please explain: \_\_\_\_\_

Does your dog do better when you are only gone a short time?  Yes  No

If yes, please describe times when your dog is better:

Have you ever left your dog alone in the car?  Yes  No If yes, what is his/her reaction?

Has your dog ever stayed at a dog day care facility?  Yes  No

If yes, how did he/she do? \_\_\_\_\_

Has your dog ever stayed at a boarding facility?  Yes  No

If yes, how did he/she do?

Has your dog ever stayed at a veterinary hospital?  Yes  No

If yes, how did he/she do?

Has your dog ever stayed with a neighbor, friend, or relative?  Yes  No

If yes, how did he/she do?

### **Primary Problem (Problem #1)**

What is the main behavior problem? (For example- aggression toward strangers, aggression toward housemate dogs, fearful behavior during storms, housesoiling(accidents))

How severe is this problem?  Mild  Moderate  Severe

Have you thought about euthanizing or removing your dog from your home because of this behavior problem?  Yes  No

When did the problem start (how old was the dog)? \_\_\_\_\_

What do you think caused the problem? \_\_\_\_\_

When did the problem become a concern? \_\_\_\_\_

How often does the problem occur? \_\_\_\_\_

How reliably does the problem occur when your dog is in a situation where it could occur?

Rarely  Sometimes  Often  Always

**This next section is the most important section to complete with as much detail as you can: Describe recent situations when the main behavior problem listed above has happened. Include the date it occurred for each entry. Be as specific as you can. Give me a “play by play” account of each incident so I can visualize exactly what happened. Do NOT try to explain WHY a behavior happened, just describe your dog’s actions.**

Describe the most recent incident involving this behavior problem (please include date):

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Describe the second most recent incident involving this behavior problem (please include date):

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Describe the third most recent incident involving this behavior problem (with date):

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Describe the first time this behavior problem happened (with approximate date):

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Has the problem changed in how often it occurs?  Yes  No

If yes, please describe the change:

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Has the problem changed in severity (more or less severe)?  Yes  No

If yes, please describe the change:

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Were there any changes in your dog’s home life or health when the problem started?  Yes  No

If yes, please describe: \_\_\_\_\_

What has been done so far to try to fix the problem?

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Please describe any techniques that have improved the situation:

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Please describe any techniques that have made the problem worse:

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Please list any medications that have been tried thus far:

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For each medication, list the dog's response:

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Have any herbal remedies, supplements, or devices been tried?  Yes  No

If yes, please describe: \_\_\_\_\_

### **Additional Problem (Problem #2)**

Please describe an additional behavior problem if it hasn't already been covered completely:

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How severe is this problem: \_\_\_\_\_

Describe any changes in severity or frequency of the additional problem:

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**The next section is the most important section to complete with as much detail as you can: Describe the 3 most recent situations when Problem #2 has happened. Include the dates that it occurred for each entry. Be as specific as you can. Give me a "play by play" account of each incident so I can visualize exactly what happened. Do NOT try to explain WHY a behavior happened, just describe your dog's actions.**

Describe the three most recent incidents involving this specific problem: (Include date of each incident)

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Describe the first time this behavior problem occurred (with approximate date): \_\_\_\_\_

Please list any techniques that have been used to try to fix the problem:

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Please describe any techniques that have helped: \_\_\_\_\_

Describe any techniques that have made the problem worse: \_\_\_\_\_

Please list any medications, herbal remedies or supplements that have been tried thus far:

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What was the dog's response to them?

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**Please feel free to use this space to discuss anything that hasn't already been covered completely in another section:**

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**Please list your primary goal(s) in relation to your dog's behavior:**

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**Please make a copy of this questionnaire and keep it for your records.**

Adapted from Landsberg, G., Hunthausen, W., Ackerman, L. Handbook of Behavior Problems of the Dog and Cat 2nd ed. Saunders, Edinburgh, copyright 2003

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