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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)

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:

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: _____

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: _____

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)

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:

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

If yes, please describe:

Does your dog ever get panicky? Yes No

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

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:

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

When your dog is aggressive, what do you do?

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

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)?

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:

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)?

When your dog is aggressive, what do you do?

Then, what does your dog do in response?

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)?

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):

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

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

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

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

If yes, please describe the change:

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

If yes, please describe the change:

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?

Please describe any techniques that have improved the situation:

Please describe any techniques that have made the problem worse:

Please list any medications that have been tried thus far:

For each medication, list the dog's response:

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:

How severe is this problem: _____

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

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)

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:

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:

What was the dog's response to them?

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

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

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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