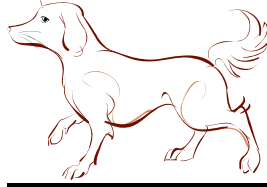


Animal Alternatives
238 E Bearss Ave, Tampa, FL 33613
Phone 813-265-2411 Fax 813-962-4477



DOG BEHAVIOUR QUESTIONARE

GENERAL INFORMATION

Name: _____
Date: _____
Address: _____
City/State: _____
Postal (zip) code: _____
Email: _____
Home: (_____) _____ - _____ Cell: (_____) _____ - _____
Fax: (_____) _____ - _____
Veterinarian/clinic: _____
Clinic phone: (_____) _____ - _____
Clinic address: _____

Referred by: _____

PET INFORMATION

Name: _____ Breed: _____ Color: _____
Date of birth (if known): _____ Age: _____ Age obtained: _____
Weight: _____
Sex: M/F Spayed/Neutered? Y/N
Age spayed/neutered: _____

If your pet is female did she experience one or more heat cycles before spaying? Y/N

How many? _____

Were they normal? Y/N

Any change after spaying/neutering? Y/N

If yes please explain: _____

If your pet is not spayed/neutered do you plan on breeding? Y/N

Age of first heat if applicabile: _____

Date(s) of heat cycles: _____

Duration: _____

Has your pet ever been bred? Y/N

How many times? _____

Outcome: _____

Why did you obtain your dog? (companion, breeding, etc.): _____

Have you owned a dog before? Y/N

Have you owned this particular breed before? Y/N

Why did you choose this specific breed? _____

Where did you get this pet?

shelter stray/found breeder rescue group newspaper

pet store friend other (please explain) _____

Breeder, if applicable: _____

Any previous owners? Y/N

If so, how many? 1 2 3 4 Unknown

Reason previous owners gave pet up (if known): _____

How long have you had this pet? _____

List all other pets, including species, breed, sex, age obtained and age now:

Name	Species	Breed	Sex	Age Obtained	Age Now
------	---------	-------	-----	--------------	---------

Refer to the list above and using numbers label which pet was obtained first, second etc.

Describe how your pets get along with each other:

List each family member living in the home:

Name	Age	Sex	Relationship	Occupation

Who has the most control over your dog: _____

Who has the least control over your dog: _____

Briefly describe the usual daily schedule for the family: _____

MEDICAL SCREEN

When was your pet's last physical exam? _____

When you your pet last vaccinated? (date if you know it)

Distemper _____ Rabies _____

Have any lab tests (such as blood work, urinalysis and/or x-rays) been done? Y/N

If yes what tests were done? _____

Please bring in results to your visit.

Does your pet have any of the following:

- 1. ___ Arthritis or other painful conditions
- 2. ___ Allergies
- 3. ___ Deficits in his/her senses
- 4. ___ Abnormal bowel movements
- 5. ___ Excessive drinking and/or urination

If yes to any of the above please describe and indicate which condition using the number:

Is your pet currently taking any medication to prevent heartworms? Y/N

Brand _____

Is your pet on any kind of flea prevention? Y/N

Brand _____

Is your pet currently taking any other medication (this includes vitamins, herbs, and over the counter supplements)?

Y/N

Name	concentration (mg)	frequency taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FEEDING SCHEDULE/EATING HABITS

Brand and type (wet/dry/both) of food fed: _____

When and how often is pet fed? _____

Describe eating habits (e.g., picky, voracious): _____

List treats: _____

How often and in what amounts are they given? _____

Favorite treat: _____

How often is your pet fed snacks from the table (human food) each day? _____

ENVIRONMENT/LIFESTYLE

What kind of living situation do you have?

___ apartment ___ townhouse/condo ___ house with small yard

___ house with large yard ___ farm

How long is the dog home alone on the average day? _____

Dog's reaction to being alone: _____

Describe where dog stays at each of the following times:

Daytime (when owners at home): _____

Daytime (when owners away): _____

Night-time: _____

When guests visit: _____

Have you ever used a crate for confinement? Y/N

If yes, describe crate and location: _____

Describe the dog's reaction to being crated: _____

Do you still use a crate? Y/N

If no, when and why did you stop? _____

Where does your pet sleep? (check all that apply)

- In or on your bed On its own bed in your bedroom
 In a crate in your bedroom In a crate in another room
 On the floor next to your bed Anywhere it wants.
 In another room because it is locked from your bedroom.

How does your dog react to the following:

Car rides: _____

Unusual/loud noises: _____

Strangers in home: _____

New (non-family) dogs: _____

New (non family)cats: _____

DAILY ACTIVITIES AND ROUTINE

How many times is your dog walked or let out per day? _____

If your pet is walked what is the average length of time for each walk in minutes? _____

This pet (please check all that apply)

- Allowed to run free, unsupervised Fenced yard/Kennel/Run
 Leash-walked only Outside unleashed, but supervised
 Indoors only Outdoors only

How often do you play with toys or play games with the pet **inside** the house (daily) on average? _____

How long does each play bout last, on average (in minutes)? _____

Type of exercise/play: _____

Who exercises/plays with your pet? _____

Often do you play with toys or play games with the pet **outside** the house daily (on average)? _____

How long does each play bout last, on average (in minutes)? _____

Type of exercise/play: _____

Who exercises/plays with your pet? _____

Favorite game(s) and toy(s): _____

TRAINING

What is your dog's obedience school history?

- No school trained myself Puppy kindergarten Group lessons - basic
- Group lessons – advanced Private trainer in the home
- Private trainer away from home

Age when dog started lessons/training: _____

How did the dog do in obedience school? _____

Does the dog have any obedience titles? _____

Who took the dog to obedience school? _____

How would you describe the training?

- Reward-based Assertive/domineering Aversive/mostly corrections

Other: _____

Briefly describe the training techniques: _____

What training was most successful? _____

What training was least successful? _____

Describe your dog's learning ability: _____

What commands does the dog know and how well?

- | | | | |
|----------|----------------------------------|-----------------------------|-------------------------------------|
| Sit | <input type="checkbox"/> perfect | <input type="checkbox"/> OK | <input type="checkbox"/> Needs work |
| Stay | <input type="checkbox"/> perfect | <input type="checkbox"/> OK | <input type="checkbox"/> Needs work |
| Lie down | <input type="checkbox"/> perfect | <input type="checkbox"/> OK | <input type="checkbox"/> Needs work |
| Come | <input type="checkbox"/> perfect | <input type="checkbox"/> OK | <input type="checkbox"/> Needs work |
| Wait | <input type="checkbox"/> perfect | <input type="checkbox"/> OK | <input type="checkbox"/> Needs work |
| Heel | <input type="checkbox"/> perfect | <input type="checkbox"/> OK | <input type="checkbox"/> Needs work |
| Fetch | <input type="checkbox"/> perfect | <input type="checkbox"/> OK | <input type="checkbox"/> Needs work |
| Drop it | <input type="checkbox"/> perfect | <input type="checkbox"/> OK | <input type="checkbox"/> Needs work |
| Other | _____ | | |

Does your dog know any tricks? Y/N

List/explain: _____

Can you get your dog to settle on command? Y/N

If yes, describe: _____

Type of training collar used:

Neck collar

If yes, indicate type: _____ (buckle, choke, pronged, etc.)

Remote collar

If yes, indicate type: _____ (shock, citronella, etc.)

Head halter

If yes, indicate type: _____

Body harness

If yes, indicate type: _____

None, trained off leash

Dog's response to collar(s) used: _____

Is there any ongoing training? Y/N

If yes, describe: _____

REINFORCER ASSESSMENT

Rewards

How do you reward your dog? _____

If you could give your dog ANY food as a reward, what would be the favorite?

List the top five: _____

Other than food, what rewards (e.g., toy, affection) would be most enticing to your dog?

List the top five: _____

Punishment

Have you ever used any of the following for punishment or training?

Physical punishment

Dog's reaction: _____

Noise punishment (shaker can/siren)

Dog's reaction: _____

Ultrasonic

Dog's reaction: _____

Water sprayer

Dog's reaction: _____

Verbal reprimands

Dog's reaction: _____

Physical handling

Dog's reaction: _____

Muzzle grasp

Dog's reaction: _____

___ Pinning

Dog's reaction: _____

___ Time-out

Dog's reaction: _____

___ Booby traps/repellants

Dog's reaction: _____

Which is most effective? _____

Does any punishment make the problem worse? Y/N

If yes, describe: _____

Has punishment ever led to threatening behavior or aggression? Y/N

If yes, explain: _____

Does your dog respond differently to punishment from different family members? Y/N

If yes, describe: _____

HANDLING

Does your dog react negatively to any of the following types of handling:

___ Nail trimming ___ Ear cleaning ___ Brushing fur ___ Bathing

___ Rubbing belly ___ Patting head ___ Grabbing collar ___ Being lifted

___ Rolling over ___ Brushing teeth ___ Giving pills ___ Giving liquid medications

___ Hugging/kissing

If you marked any of the above please describe: _____

HOUSETRAINING SCREEN

Where is your dog's primary location for elimination? _____

On average, how many times a day does your dog

urinate _____

defecate _____

Is your dog completely housetrained? (No problems or accidents in the house.) Y/N

If Yes, please proceed to Departure Behavior.

If No, please continue to answer the following questions.

Does your dog ever eliminate outdoors? Y/N

Do you accompany your dog to its elimination site? Y/N

What is your dog's favored location outdoors? _____

What is your preferred location for your dog to eliminate? _____

What do you do after your dog eliminates in the correct location? _____

What do you do when you catch your dog soiling in an incorrect location? _____

Does your dog signal to eliminate? Y/N

If yes, describe: _____

About how often does your dog house soil? _____

When is the dog most likely to house soil? _____

Does your dog soil in the home by:

___ urinating

___ defecating

___ both

What are the most likely locations for indoor elimination? _____

Does your dog house soil when family members are at home? Y/N

If yes, describe: _____

Does your dog house soil while you are watching? Y/N

If yes, describe: _____

What do you do when you find urine or stool in the improper location? _____

Does your dog urine mark? Y/N

If yes, describe: _____

Does your dog ever eliminate in a location where he/she has been sleeping? Y/N

If your dog spends time in a crate, does your dog ever eliminate in the crate? Y/N

Does your dog ever leak/dribble urine? Y/N

Does urine leak while your dog is:

___ Sleeping

___ Walking

___ Approached by owners

___ Approached by strangers

___ When excited

___ When frightened

DEPARTURE BEHAVIOR SCREENING

When you go out is your dog confined or crated? Y/N

If yes, indicate if crated or what areas are restricted: _____

How long is the dog left alone on the average day? _____

At what time of the day is your dog left alone? _____

How does your dog react when you prepare to leave? _____

Has your dog ever been left at a kennel, veterinary office, or with a friend/relative? Y/N

If yes, where and describe your dog's reaction: _____

Is the dog ever alone outdoors? Y/N

How often? _____

How long (average)? _____

Where is the dog left when outdoors? _____

How does your dog react to being left alone outdoors? _____

Does your dog exhibit any behavior problems when you leave it alone? Y/N

If Yes, please continue to answer the following questions.

If No, please proceed to next section.

Describe your dog's behavior when left alone at home (list problems and how long after departure they occur):

Does the behavior differ depending on length of time or time of day left alone? Y/N

If yes, how: _____

How does your dog react at the time of departure (as the last person prepares to leave)?

Does the behavior differ depending on who is the last to leave? _____

What is the dog's reaction at homecomings? _____

Have you ever left the dog alone in the car? Y/N

If yes, how does it react? _____

AGGRESSION SCREEN

Is aggression the primary reason for today's visit? Y/N

Has your pet ever displayed any of the following:

Threatening displays

Growling

Bite attempts

Bites

If none, then precede to Behavior Problems.

When was the most recent incident? _____

Situations causing aggression

Petting/handling/restraint: Growled Attempted to bite Bit

Eating food or treats: Growled attempted to bite Bit

Chewing toys/stolen objects: Growled attempted to bite Bit

Waking up: Growled Attempted to bite Bit

What is the potential for injury:

None/Preventable

Minimal

Moderate

Severe

Is the problem serious enough that you will be unable to keep your pet if it is not improved? Y/N

Is your dog ever aggressive to members of the immediate family? Y/N

If yes, who? _____

Describe: _____

Is your dog ever aggressive to visitors to your home? Y/N

Were the people: Known Strangers Both

Describe: _____

Is your dog aggressive to people when off property? Y/N

Were the people: Known Strangers Both

Describe: _____

Is there a particular person or type (age, sex, uniforms) that your dog is most likely to threaten or bite?

Is there a particular location or situation where aggression is most likely to occur? Y/N

When/where? _____

Has your dog ever bitten hard enough to break skin or cause injury? Y/N

Frequency of occurrence of the undesirable behavior

Daily Weekly Monthly

% of the time that pet is in situation and during which undesirable behavior occurs

<25% 25-50% 51-75% 76-100%

Behavior 3 _____

Frequency of occurrence of the undesirable behavior

Daily Weekly Monthly

% of the time that pet is in a situation during which undesirable behavior occurs

<25% 25-50% 51-75% 76-100%

Behavior 4 _____

Frequency of occurrence of the undesirable behavior

Daily Weekly Monthly

% of the time that pet is in a situation during which undesirable behavior occurs

<25% 25-50% 51-75% 76-100%

Record a detailed description of events and how long ago each event occurred:

Most recent incident: _____

Date Occurred: ____/____/____

Second most recent incident: _____

Date Occurred: ____/____/____

Third most recent incident: _____

Date Occurred: ____/____/____

Chronological development of problem(s) and other significant incidents: _____

Duration of problem(s): ____ Days ____ Months ____ Years

Has your household changed since acquiring this pet? Y/N

If so, how?

Death in human family Death in pet family Divorce

Marriage New baby Child moved Pet added

Family moved family schedule changed Other: _____

What corrections (behavioral training) and/or medical therapy have been done to date and to what outcome? (Use reverse side if necessary.) _____

Do you know if the parents engage in similar behaviors as the presented pet?

Yes No Don't know

If yes, what behaviors are exhibited and by whom? _____

Do you know if any littermates are engaging in the same behaviors?

Yes No Don't know

If yes, what behaviors are exhibited and by whom? _____

Why have you kept this pet despite its behavior problem(s)?

Are you concerned that you may have caused the problem(s)? Y/N

Why? _____

Do you feel guilty about this/these problem(s)? Y/N

Why? _____

Have you considered finding another home for this pet? Y/N

Have you considered euthanasia (putting your pet to sleep)? Y/N

Did someone recommend euthanasia before your visit here? Y/N

What are your expectations for this visit? _____

