

### 365 Saratoga Avenue Ballston Spa, NY 12020 518-885-5650 www.ballstonspavet.com

## **Dog Behavior Questionnaire plus Aggression Screen**

The process for treating behavior issues involves many important steps.

Step 1: Forms must be filled out in detail and returned to the clinic. These will be carefully reviewed by the doctor before your appointment. All of your answers are confidential. Please call the hospital for the current cost of the doctor review in preparation for visit and behavior consult.

- Step 2: After receiving forms and payment, the receptionist will schedule the exam, labwork and consultation.
- Step 3: Bring your pet in for a physical exam, blood and urine tests and the behavior consultation with the doctor.

Please call the hospital for current costs of:

Physical Exam

Labwork

Behavior Consultation (pre-paid at step 1)

\*Additional cost could include medications for physical or behavioral problems.

Step 4: At the end of the visit, written material will either be given to you or mailed.

#### Please complete these questions as thoroughly as possible.

1.	Dog's Name						
	Your Name						
2.							
3.	Age of Pet						
4.	Date of Birth						
5.	Sex Spayed or Neutered?						
	If yes, at what age? Date of surgery? Reason for neutering?						
	Any behavioral changes after neutering?						
6.	If your dog is not neutered, do you plan to breed him/her?						
7.	Has this dog ever been bred?						
8.	If female, did she experience heat cycles before neutering?   Yes   No						
	Age of first heat, if applicable						
	Date(s) of heat cycle(s)						
9.	How old was your dog when you first acquired it?						
10.	Did you meet all the puppies in the litter?						
	If so, why did you choose your puppy?						
11.	Why did you choose this specific breed?						
12.	Have you had this particular breed before?   Yes   No						
13.	Has this dog had any other owners?						
	Why was this dog given up?						

14.	How lor	ng have you had this dog?
15.	Where	did you get this dog?
		Stray/Found
		Breeder
		SPCA/Humane Shelter
		Breed Rescue Service
		Newspaper adoption advertisement (not breeder)
		Pet Store
		Friend
		Other (Please explain)
16.	Why did	d you get this dog?
17.	When v	vas your dog last vaccinated for the following (please bring records to appointment if we don't have them):
		Distemper/Parvo:
		Rabies:
		Lyme:
18.	Is this c	log (please check all that apply):
		Allowed to run free, unsupervised
		Fenced/Kenneled/Run
		Leash-walked only
		Outside, unleashed but supervised
		Indoors only
		Outdoors only
19.	•	ercentage of the day does your dog spend outside?
	-	ercentage of the night does your dog spend outside?
	What ki	nd of living situation do you have?
		Apartment
		Townhouse/Condominium
		House with small yard
		House with large yard
00		Farm
20.		any times is your dog walked or let out per day?  0
24	-	dog is walked, what is the average length of time for each walk (in minutes)?
۷۱.		en is your dog fed meals each day?  1
		ren is your dog fed treats (dog biscuits, chewies) each day?
		1 $\square$ 2 $\square$ 3 $\square$ 4
		en is your dog fed snacks from the table (i.e. human food) each day?
		1 $\square$ 2 $\square$ 3 $\square$ 4
22		leave food out all day?
	-	ow much?

	How frequently do you refill?					
23.	What exactly is your dog fed (include brand names)?					
24.	Does your dog have any allergies?					
	Please specify					
25.	Does your dog have any p	re-existing or current	medical problems?	Yes		10
	If so, what are they?					
26.	Is your dog currently taking	g any medication to p	orevent Heartworms?	? 🗌 Yes		lo
	Brand					
	Is your dog currently takin	g any medication to	control Flea & Ticks	? 🗌 Yes		lo
	Brand					
	Is your dog currently taking	g any other medication	ons?	Yes		lo
	Types					
27.	Has your household chang	ged since acquiring th	nis pet?	Yes		10
	If so, how?	eath of human in fam	nily 🗌 De	eath of pet in	family	
	□ Di	ivorce	□ м	arriage		
	□ ва	aby born		hild moved		
	□ Pe	et added	☐ Fa	amily schedul	e changed	(lost or gained jobs)
	∐ Fa	amily moved	⊔ o	ther		
28.	Please list the people, incl	uding yourself, curre	ntly living in the hous	sehold or who	spend a l	ot of time with the dog.
	Name	Sex Age	Relations	hip		Occupation
г			(Self, husband, wife, m	other-in-law, etc	:.)	1
-						
- -						
-	* Please mark with an	asterisk (*) any of the	above who are coming	to the clinic w	ith the dog.	
-	* Please mark with an	asterisk (*) any of the	above who are coming	g to the clinic w	rith the dog.	
29.	Please mark with an Please list all the animals in the animals.		above who are coming	g to the clinic w	ith the dog.	
29.						Age at introduction
29.	Please list all the animals i	in the household.		g to the clinic w	ith the dog.	Age at introduction
29.	Please list all the animals i	in the household.				Age at introduction
29.	Please list all the animals i	in the household.				Age at introduction
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29.	Please list all the animals i	in the household.				Age at introduction
29.	Please list all the animals i	in the household.				Age at introduction

30.	<ul> <li>Refer to the chart above and, using numbers, label which pet was obtained first, second, etc.</li> <li>Please label each pet's age at time of introduction to your dog.</li> <li>ow were these pets affected by your new dog?</li> </ul>					
31.	Are any of these pets ill?					
32.	Have you had pets before?  \( \subseteq \text{Yes} \) No					
33.	Have you had dogs before? ☐ Yes ☐ No					
34.	Have you had cats before? ☐ Yes ☐ No					
35.	Where does your dog sleep? Check all that apply, we know pets move at night.					
	☐ In or on your bed					
	☐ On its own bed in your bedroom					
	☐ In its crate in your bedroom					
	☐ On its own bed in another room					
	☐ In a crate in another room					
	On the floor next to your bed					
	☐ In another room, voluntarily, anywhere it wants					
	$\square$ In another room because it is locked from your bedroom, anywhere it wants					
36.	Does your dog wake you up at any time during the night?					
	If so when, and for what reason?					
37.	How often do you play with toys or play games with the dog inside the house daily (on average)?					
	How long does each play bout last, on average (in minutes)?					
38.	How often do you play with toys or play games with the dog outside the house daily (on average)?					
	□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ >5					
	How long does each play bout last, on average (in minutes)?					
39.	What is your dog's obedience school history?					
	☐ No school – trained yourself					
	☐ Puppy kindergarten					
	☐ Group lessons – basic					
	☐ Group lessons – advanced					
	☐ Private trainer at house					
	☐ Private trainer – sent to trainer					
	Age when dog started lessons/training?					
	Who took the dog to obedience school?					
	How did the dog do in obedience school?					
43.	Does the dog have any obedience titles?					

44.	What commands do	es the dog kno	w and how well?	
	Sit	Perfect	Usually OK	Needs work
	☐ Stay	Perfect	Usually OK	Needs work
	☐ Lie down	Perfect	Usually OK	Needs work
	Come	Perfect	Usually OK	Needs work
	☐ Wait	Perfect	Usually OK	Needs work
	Heel	Perfect	Usually OK	Needs work
	☐ Fetch	Perfect	Usually OK	Needs work
	☐ Drop it	Perfect	Usually OK	Needs work
	Other			
45.	Is there anything els	e you would lik	e to tell us about	your dog's training?
46.				use when the dog will be left alone. Do you ignore your dog, a fuss over him, etc.?
47.	What does your dog	do as you pre	pare to leave?	
48.	Please list all your ro	outine preparat	ions for leaving th	ne house (i.e., shower, put on shoes, pack a lunch).

# **Behavioral History**

1.	Chief complaints:
	a
	b
	C
	d
2.	Precipitating reason for visit:
3.	Has the frequency or intensity of the occurrence of the behavior changed since the problem started?  Yes  No
	If so, how and when?
4.	Record a detailed description of events and how long ago each event occurred.
	Most recent incident: Date:
	Second most recent incident: Date:
	Third most recent incident: Date:
5.	Chronological development of the problem; other significant incidents:
6.	Duration of problem Days Months Years

7.	Corrections and/or medical therapy to date and outcome.					
	·					
8.	Age of animal when he first began showing signs of the problem:  Client's impression:					
	Practitioner's impression (at visit):					
	Do you know if the parents engage in similar behaviors as the presented animal?  Yes, they do No, they do not Do not know  If so, what behaviors are exhibited and by whom?					
10.	Do you know if any littermates are engaging in the same behaviors?  Yes, they do No, they do not Do not know					
	If so, what behaviors are exhibited and by whom?					
11.	Describe interactions between pets in the household.					
	<del></del>					
12.	How does the pet react to strangers?					

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If your pet is having aggression issues, please continue to the Aggression Screen for more questions.

## **Canine Aggression Screen**

This screen can be used in three ways:

- 1. To note the presence or absence, at any time, of any of the behaviors.
- 2. To log the baseline behavior, noting how many times the behavior occurs, given the number of times it is attempted, per unit time (i.e., per week).
- 3. To log frequencies of the occurring behaviors, given the number of times the circumstance has been encountered, during treatment so that these numbers can be compared with # 2.

Note if the reaction is consistent in style or is directed toward only one person or is present in only one restricted circumstance. It is worth noting whether the dog is subjectively becoming more or less intense (or harder or easier to interrupt) in its behavior (>I [intensity], <I, relatively).

Please continue onto next page...

Key: NR = No Reaction; SL = Snarl/Lift Lip; BG = Bark, Growl (aggressive, not alerting bark); SB = Snap/Bite; NA = Not Applicable

	NR	SL	BG	SB	NA
Take dog's food dish with food	1111				
Take dog's empty food dish					
3. Take dog's water dish					
4. Take food (human) that falls on floor					
5. Take rawhide					
6. Take real bone					
7. Take biscuit					
8. Take toy					
Human approaches dog while eating					
10. Dog approaches dog while eating					
11. Human approaches dog while playing with toys					
12. Dog approaches dog while playing with toys					
13. Human approaches/disturbs dog while sleeping					
14. Dog approaches/disturbs dog while sleeping					
15. Step over dog					
16. Push dog off bed/couch					
17. Reach toward dog					
18. Reach over head					
19. Put on leash					
20. Human pushes on shoulders					
21. Dog mounts, pushes on shoulders					
22. Human pushes on rump					
23. Dog mounts, pushes on rump					
24. Towel feet when wet					
25. Bathe dog					
26. Groom dog's head					
27. Groom dog's body					
28. Human stares at dog					
29. Dog stares at dog					
30. Take muzzle in hands and shake					
31. Push dog over onto back					
32. Stranger knocks on door					
33. Stranger enters room					
34. Dog in car at toll booth					
35. Dog in car at gas station					
36. Dog on leash approached by dog on street					
37. Dog on leash approached by person on street					
38. Dog in yard – person passes					
39. Dog in yard – dog passes					
40. Dog in veterinarian's office					
41. Dog in boarding kennel					
42. Dog at groomer					
43. Dog yelled at					
44. Dog corrected with leash	1			<del>                                     </del>	
45. Dog corrected with leasn 45. Dog physically punished – hit	1			-	
46. Someone raises voice to client in presence of dog				-	
				-	
47. Someone hugs/touches client in presence of dog	+		-	-	
48. Squirrels, cats, small animals approach dog	-	-	-	-	
49. Bicycles, skateboards nearby				-	
50. Crying infant		1		-	
51. Playing with 2-year-old children	1			ļ	
52. Playing with 5 to 7-year-old children	1	1			
53. Playing with 8 to 11-year-old children	1			ļ	
54. Playing with 12 to 16-year-old children	1				

1.	Number of total bites
	$\square$ 0 $\square$ 1 $\square$ 2 $\square$ 3 $\square$ 4 $\square$ 5 $\square$ >5
2.	Number of bites that broke skin
	□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ >5
3.	Number of bites reported and to whom (i.e., local authorities, hospital, humane society).
	Number reported
	$\square$ 0 $\square$ 1 $\square$ 2 $\square$ 3 $\square$ 4 $\square$ 5 $\square$ >5
	Reported to:
4.	Was there legal action taken against you as a result of the bite(s)?
	Yes
	□ No
5.	Frequency of occurrence of the undesirable behavior(s):
	* Complaint 1
	☐ Daily
	Weekly
	☐ Monthly
	Percent of time that the pet is in situation and during which undesirable behavior occurs:
	Less than 25%
	☐ 25% to 50%
	☐ 51% to 75%
	☐ 76% to 100%
	* Complaint 2
	☐ Daily
	Weekly
	LJ Monthly
	Percent of time that the pet is in situation and during which undesirable behavior occurs:
	Less than 25%
	☐ 25% to 50% ☐ 51% to 75%
	76% to 100%
	* Complaint 3
	☐ Daily
	☐ Weekly
	Monthly
	Percent of time that the pet is in situation and during which undesirable behavior occurs:
	Less than 25%
	25% to 50%
	51% to 75%
	☐ 76% to 100%  Date last updated: 10/27/20