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## Dog Behavior Questionnaire

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. The cost for doctor review in preparation for visit and behavior consult is \$152.25, paid at form drop-off.

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.

Costs: Physical Exam \$ 72.00

Labwork \$ 171.00

Behavior Consultation \$ 152.25 **(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. Breed \_\_\_\_\_ Color \_\_\_\_\_
3. Age of Pet \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Sex \_\_\_\_\_ Spayed or Neutered?  Yes  No  
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?  Yes  No
7. Has this dog ever been bred?  Yes  No
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?  Yes  No If so, how many?  1  2  3  4  Unknown  
Why was this dog given up? \_\_\_\_\_
14. How long 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 you get this dog? \_\_\_\_\_

17. When was 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 dog (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. What percentage of the day does your dog spend outside? \_\_\_\_\_

What percentage of the night does your dog spend outside? \_\_\_\_\_

What kind of living situation do you have?

- Apartment
- Townhouse/Condominium
- House with small yard
- House with large yard
- Farm

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

- 0    1    2    3    4    5    6    7    8

If your dog is walked, what is the average length of time for each walk (in minutes)? \_\_\_\_\_

21. How often is your dog fed meals each day?

- 1    2    3    4

How often is your dog fed treats (dog biscuits, chewies) each day?

- 1    2    3    4

How often is your dog fed snacks from the table (i.e. human food) each day?

- 1    2    3    4

22. Do you leave food out all day?    Yes    No

If so, how much? \_\_\_\_\_

How frequently do you refill? \_\_\_\_\_

23. What exactly is your dog fed (include brand names)? \_\_\_\_\_

24. Does your dog have any allergies?  Yes  No

Please specify \_\_\_\_\_

25. Does your dog have any pre-existing or current medical problems?  Yes  No

If so, what are they? \_\_\_\_\_

26. Is your dog currently taking any medication to prevent Heartworms?  Yes  No

Brand \_\_\_\_\_

Is your dog currently taking any medication to control Flea & Ticks?  Yes  No

Brand \_\_\_\_\_

Is your dog currently taking any other medications?  Yes  No

Types \_\_\_\_\_

27. Has your household changed since acquiring this pet?  Yes  No

- If so, how?
- |   |  |
|---|--|
| <input type="checkbox"/> Death of human in family | <input type="checkbox"/> Death of pet in family                        |
| <input type="checkbox"/> Divorce                  | <input type="checkbox"/> Marriage                                      |
| <input type="checkbox"/> Baby born                | <input type="checkbox"/> Child moved                                   |
| <input type="checkbox"/> Pet added                | <input type="checkbox"/> Family schedule changed (lost or gained jobs) |
| <input type="checkbox"/> Family moved             | <input type="checkbox"/> Other   |

28. Please list the people, *including yourself*, currently living in the household or who spend a lot of time with the dog.

**Name**                      **Sex**                      **Age**                      **Relationship**                      **Occupation**

(Self, husband, wife, mother-in-law, etc.)

Name	Sex	Age	Relationship	Occupation

\* Please mark with an asterisk (\*) any of the above who are coming to the clinic with the dog.

29. Please list all the animals in the household.

**Name**                      **Breed**                      **Sex**                      **Age Obtained**                      **Age Now**                      **Age at introduction**

Name	Breed	Sex	Age Obtained	Age Now	Age at introduction

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

\* Please label each pet's age at time of introduction to your dog.

30. How were these pets affected by your new dog?

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31. Are any of these pets ill?  Yes  No

If so, please explain \_\_\_\_\_

32. Have you had pets before?  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
- 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?  Yes  No

If so when, and for what reason?

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37. How often do you play with toys or play games with the dog inside the house daily (on average)?

- 0  1  2  3  4  5  >5

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

40. Age when dog started lessons/training? \_\_\_\_\_

41. Who took the dog to obedience school? \_\_\_\_\_

42. How did the dog do in obedience school? \_\_\_\_\_

43. Does the dog have any obedience titles? \_\_\_\_\_



# 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.

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8. Age of animal when he first began showing signs of the problem: \_\_\_\_\_

Client's impression:

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Practitioner's impression (at visit):

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9. 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?

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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?

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11. Describe interactions between pets in the household.

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12. How does the pet react to strangers?

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