

## Canine Questionnaire

Date form completed:

Owner's Name:

Address of owner:

Telephone:

Email:

Dog's Name:

Breed:

Color:

Date of birth:

Age of dog now:

Weight:

Sex:

Spayed/Neutered:

Age of neutering:

Reason for neutering:

Any behavioral changes following neutering?

Name of veterinarian & hospital:

Date of last physical examination:

Any medical issues?

Please list all current medications & supplements: (Please include the dose)

Please list any previous behavior medications that have been tried: (Please include the dose and dates medication(s) were started and stopped, and why they were stopped.)

## Canine Questionnaire

### **Presenting Complaint**

Please describe your dog's problem(s):

At what age did the problem start, if known?

How long does each incident last, if known?

How often does it occur?

Have there been any changes in the pattern, frequency, intensity and/or length of incidents from the time of onset to the present?

Are there any specific conditions which seem to trigger the behavior?

Can your dog be verbally or physically interrupted when engaged in the problem behavior?

Please give a detailed description of the last 2 times this problem occurred:

## Canine Questionnaire

### Dog's History

Where did you get your dog?

At what age was your dog acquired?

Do you have information about your dog's history before you acquired him? If so, please explain.

Do you know if your dog's parents or siblings engaged in similar behaviors or in any other abnormal behaviors?

List people living in the house with the dog. Please include **children's** ages:

List all other animals in the household, their species, breed, age, sex and whether or not they are neutered.  
Please indicate which of these animals were living in the house when this dog was acquired:

Describe interactions between the animals in the household:

Describe interactions between your dog and family members:

Behavior of your dog in the veterinary office and during examination:

## Canine Questionnaire

### **Diet**

Type of food:

Frequency of feeding:

Other food/treats/table scraps:

### **Daily Activities**

Please describe a typical 24-hour period in your dog's life, start with where and when the dog wakes up in the morning:

### **Exercise**

On leash, include location:

Off leash, include location:

Time spent playing actively with owner. Describe activities which take place:

Do you have a fenced-in yard or the Invisible Fence?

Time spent actively playing with other animals:

### **Goals**

What are your goals for this consultation?

What do you love the most about your dog?

## Canine Questionnaire

### Training

What type of collar or harness does your dog use?

- |  |                                       |                                       |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Martingale      | <input type="checkbox"/> Flat collar  | <input type="checkbox"/> Choke collar |
| <input type="checkbox"/> Prong collar    | <input type="checkbox"/> Head halter  | <input type="checkbox"/> Body harness |
| <input type="checkbox"/> Electric collar | <input type="checkbox"/> Other: _____ |                                       |

When training, what is your dog's preferred reward?

Have you attended training classes with your dog? If so please describe the class(es):

When training, what is your dog's preferred reward?

Have you attended training classes with your dog? If so, please describe the class(es):

Have you previously enlisted the help of a trainer or behaviorist for this behavior problem?

Have you previously enlisted the help of a veterinarian for this behavior problem?

What recommendations were you given?

What worked?

What did not work?

Does your dog do the following willingly (please check all the apply):

- |                                  |                                   |   |   |
|----------------------------------|-----------------------------------|---|---|
| <input type="checkbox"/> Sit     | <input type="checkbox"/> Fetch    | <input type="checkbox"/> Leave it         | <input type="checkbox"/> Loose leash walk |
| <input type="checkbox"/> Heel    | <input type="checkbox"/> Watch me | <input type="checkbox"/> Come             | <input type="checkbox"/> Down             |
| <input type="checkbox"/> Drop it | <input type="checkbox"/> Stay     | <input type="checkbox"/> Go to your place | <input type="checkbox"/> Do tricks        |

Situations in which your dog is less likely to obey you:

## Canine Questionnaire

Does your dog demand to be petted?

Does your dog ever seem irritated by or resent petting?

Does your dog bark excessively?

In what context?

Does your dog cower or run away if people talk loudly or act boisterously?

Does your dog ever urinate or roll over on his/her back when greeting you?

Does your dog ever urinate or roll on his/her back when greeting strangers?

Does your dog urinate or roll on his/her back when greeting strange dogs?

Is your dog comfortable in crowds?

How does your dog act when strangers come to the house?

How does your dog act when he meets or passes strangers away from the house?

How does your dog act when he meets strange dogs?

1. When both are on the leash:

2. When both are off leash:

3. When he is leashed, and other dog is free:

Is your dog frightened excessively by any noise? Please explain.

Is your dog frightened excessively by anything else in the environment? Please explain.

Does your dog chase any of the following:

Child(ren)

Jogger/bicyclist/skateboarder

Cats

Small dogs

Vehicles

Wildlife

Does your dog urinate/defecate in the house?

## Canine Questionnaire

Please check the appropriate box if your dog exhibits any of the listed behaviors at any time when **members of the household** do the following:

	Growl	Bark	Lift lip	Snap	Bite	No aggressive response	Not tried
Touch dog's food or add food while eating							
Walk past dog while eating							
Take away real bone, rawhide, or delicious food							
Walk by dog when s/he has a real bone/rawhide							
Touch delicious food when dog is eating							
Take away a stolen object							
Physically wake dog up or disturb resting dog							
Restrain dog when it wants to go someplace							
Lift dog							
Pet dog							
Medicate dog							
Handle dog's face/mouth							
Handle dog's feet							
Trim the dog's toenails							
Groom dog							
Bathe or towel off							
Take off or put on collar							
Pull dog back by the collar or scruff							
Reach for or grab dog by the collar							
Hold dog by the muzzle							
Stare at the dog							
Reprimand dog in loud voice							
Visually threaten dog: newspaper or hand							
Hit the dog							
Walk by dog in crate							
Walk by/talk to dog on furniture							
Remove dog from furniture: physically or verbally							
Make dog respond to command							

Does your dog get a glazed look in his/her eyes?

Does your dog have a Jeckyl and Hyde personality?

Do you consider your dog hyperactive?

## Canine Questionnaire

Please check the appropriate box if your dog exhibits any of the listed behaviors at any time when the **veterinarian** does any of the following:

	Relaxed	Licks lips or yawns	Tucks tail	Turns away, tries to hide	Cowers	Barks	Growls	Lifts lip	Lunges	Snaps	Bites
When examined											
When restrained											
When touched											
When vaccinated											
When blood is drawn											



## Canine Questionnaire

	Licks lips or yawns	Tucks tail	Turns away, tries to hide	Cowers	Barks	Growls	Lifts lip	Lunges	Snaps	Bites	No change
When unfamiliar ADULTS approach <b>while on leash</b>											
When an unfamiliar CHILD approaches <b>while on leash</b>											
When unfamiliar people approach <b>off leash</b> (away from home)											
When unfamiliar people try to <b>touch or pet</b> your dog											
When unfamiliar people <b>enter your home</b>											
When examined or handled by a veterinarian											
When approached directly by an unfamiliar dog <b>while on leash</b>											
When approached directly by an unfamiliar dog <b>while off leash</b>											
When barked, growled, or lunged at by an unfamiliar dog <b>while on leash</b>											
When seeing a dog from a distance <b>while on leash</b>											
When seeing a dog from a distance <b>while off leash</b>											
When unfamiliar dogs visit your home											

## Canine Questionnaire

History	Yes	No	I don't know
Did you acquire your dog after 3 months of age?			
Did you acquire your dog at 5 weeks of age or less?			
Was your dog acquired from a shelter or a pound?			
Has your dog had multiple owners during his/her life?			
Was your dog acquired from a pet shop?			
Was your puppy an orphan or hand raised?			
Was your dog the single puppy in a litter?			

Behavior	No	Mild	Moderate	Severe
Does your dog follow you around the house?				
Does your dog become anxious at the sound of car keys?				
Does your dog become anxious when you put on your coat or shoes?				
Does your dog become aggressive when you leave?				
Does your dog exhibit other problem behaviors as you prepare to leave?				
Does your dog bark or whine excessively within 30 minutes of your departure?				
After you leave does your dog's activity decrease?				
After you leave does your dog appear depressed?				
After you leave does your dog have a loss of appetite?				
Only in your absence does your dog destroy property?				
Only in your absence does your dog urinate or defecate in your home?				
Does your dog regularly have diarrhea, vomit, or lick excessively in your absence?				
Does your dog exhibit an excessive greeting on your return (jumping, hyperactivity, barking, more than 2-3 minutes)?				

## Canine Questionnaire

### Medical Records

Please have your veterinarian send us your pet's medical record including lab work. Documents can be sent by email to [liaisons@tufts.edu](mailto:liaisons@tufts.edu) or by fax to (508)839-7951.

### Check in for stressed patients

If your pet becomes excessively stressed at the vet's office and you would like to check in from the car, please call (508)887-4375 as soon as you arrive for your pet's consultation. One of our front desk staff will take your information and let us know you have arrived and where to find you. We will then escort you to our separate entrance so you can avoid the waiting room. **Please be aware that this number is only to be used as a method of checking into the hospital. For any behavior related queries, please call our departmental line at (508)887-4640.**

### Photos and Videos

If available, please send us a photograph of your dog for his or her medical record.

Videos of problem behaviors may be helpful. However, please do not invite or trigger aggressive behavior for the purpose of the video.

Please check if a video was sent

If you provide a video or pictures of your pet(s), would you give us permission to use them for teaching purposes?

Yes  No

Feel free to call with questions prior to your behavior consultation or you can visit our [website \(http://vet.tufts.edu/behavior/\)](http://vet.tufts.edu/behavior/). If you have questions about keeping you or anyone in your household (including other animals) safe until your appointment please call us at (508)887-4640.