



## **DOG BEHAVIOUR QUESTIONNAIRE**

Please fill in this questionnaire with as much information as possible. The more detail that is given will enable me to be more accurate in my assessment of the problem and therefore give an appropriate treatment plan and prognosis. Different family members may have different information or aspects to contribute. For this reason it is beneficial if all members of the family are involved in answering the questionnaire, and all different opinions are noted.

Please return the questionnaire and any video footage before the consultation is scheduled.

All information will remain confidential.

### **GENERAL INFORMATION:**

#### **DATE:**

- Owner's name:
- Address:
  
- Phone number:
  - Home:
  - Mobile:
  - work:
- Email address:

- Who is your regular veterinarian?
  - Vet's name:
  - Clinic name:
  - Address:
  
  - Phone:
  
- How did you hear about my services?

## **PET INFORMATION**

- Pet's name:
- Breed:
- Date of birth:
- Weight:
- Sex:
  - Desexed?  Yes  No
    - If so, at what age?
    - Any change after desexing?
  
- Where did you get this dog?
  
- Why did you choose this particular dog?
  
- How old was your dog when you acquired it?
  
- If from a litter, why did you choose this particular dog over the others?

- Did you meet the parent' of your dog?

Mother  Yes  No          Father  Yes  No

If yes please describe their behaviour?

- Has your dog had any previous owners?  Yes  No

If yes, how many?

Why was the dog given up?

- Describe your dog's behaviour as a puppy:

- Describe your dog's behaviour now:

- Has your pet had any treatment for his/her behaviour in the past?

Yes  No

If yes:

- Who by:
- When:
- What type of treatment:
  
- Was it useful?

## **MEDICAL HISTORY**

- Describe your dog's appetite:

Very hungry       normal       fussy       decreased

- Is there any change in the amount your dog is drinking?

Increased       Decreased       unchanged

- Are there any changes in your dog's stool?  Yes       No

- Is your dog **currently** on any medication for medical problems?

Yes       No

If yes, list medications, including dose, frequency, and duration

- Has your dog **previously** been on any medication for medical problems?

Yes       No

If yes, list medications and the reason

- Does your dog have any apparent painful conditions (e.g. dental disease, arthritis, ear/skin conditions)?

Yes       No

If yes, please list

- Is your dog **currently** on any medication for its behaviour problem?  
 Yes       No

If so, please list all medications including dose, frequency, and duration

What response has there been to the medication?

- Has your dog **previously** been on any medication for its behaviour problem?  
 Yes       No

If so, please list all medications including dose, frequency, and duration

Was there any response to the medication?

- If your dog is an entire female, when was her last heat?

## **HOUSEHOLD ENVIRONMENT**

- Please list the people, including yourself, currently living in the household:

<b>Name</b>	<b>Age (adult/child)</b>	<b>Occupation</b>	<b>Hours spent away from home</b>

- How does your dog get along with each family member?

- Please list all the animals currently living in the household. Please list in order of when they were obtained.

<b>Name</b>	<b>Breed</b>	<b>Sex/desexed</b>	<b>Age obtained</b>	<b>Age now</b>

- What is your dog's relationship to each of the animals? How do they all get along? Please describe:

- What type of area do you live in:

- Suburbs
- Rural

- What type of home do you live in:

- Unit/townhouse/flat
- House with small yard
- House with large yard

- Has your household changed since acquiring your dog (people or animals)?

- Yes  No

If yes, please describe:

- Who feeds the dog?
- Who plays with the dog?
- Who trains the dog?
- Who grooms the dog?
- Who gives treats?

## **DAILY SCHEDULE:**

- Where does your dog spend the majority of its time:
  - When you are home
  - When you are out
  - During the night
- Typically how long is your dog left alone during the day?
- What does your dog do as your prepare to depart?
- How does your dog react when you get home?
- Does your dog ever engage in destructive behaviour's, or bark while you are gone?
  - Yes       No
- Has your dog ever escaped from the yard?  Yes       No
- Where does your dog sleep
  - Day
  - night
- When do your feed your dog?
- Where do your feed your dog?
- Where is the dog when you eat?



- Do you feed your dog from the table?  Yes  No
- Can you remove food, toys or bones from your dog? (Do not attempt to do so if you have any concerns about your dog's reactions)

- Please list your dog's favourite food treats and toys:

- What type and how often is your dog exercised?

<b>Type of exercise</b>	<b>Amount (time)</b>	<b>Frequency (e.g. Times per wk/day)</b>
<b>On lead</b>		
<b>Off lead</b>		
<b>Obedience training</b>		
<b>Games (e.g. Ball throwing)</b>		
<b>Other (describe)</b>		

- Is your dog housetrained?  Yes  No

- Does your dog ever urinate or defecate in the house?  Yes

No

If so, what and where?

- Does your dog willingly explore its surroundings when on its own?

Yes  No

- What is your dog's typical daily routine? Please describe a typical 24 hour day.



- What do you walk your dog with – please circle

Soft collar, check chain, harness, head collar, other

- Does your dog pull on the lead?  Yes  No
- Is your dog obedient in some places more than others?  Yes   
No

If so, please give details?

- Does your dog know any tricks?  Yes  No

Please describe:

- Do you play with your dog?  Yes  No

If so, how?

- Does your dog jump on you without permission?  Yes  No
- Does your dog paw at you?  Yes  No
- Does your dog nudge you with its nose for attention?  Yes   
No

- Does your dog mount people, other animals or objects?  Yes   
No

If yes, whom and/or what?

- Does your dog ever bark at you?  Yes  No

If so, when does your dog bark at you?

- How do you correct your dog when he/she misbehaves? Is the method used effective?
- How would you describe your dog's activity level?
  - Excessive
  - High
  - Average
  - Low

### **INTERACTION WITH PEOPLE/ANIMALS:**

- Did your dog have much interaction with people and other pets during its first year of life? If yes, how often and were they good/bad experiences?
  - People
  - Dogs
  - Other animals

Describe your dog's reaction to the following:

- Other dogs
  - When on lead
  - When free exercise
  - Walking past your dog's yard
- Other people
  - Familiar
  - Unfamiliar

- Children
  - Familiar
  - Unfamiliar
- Groomer
- Vet
- Has your pet ever bitten or attacked anyone? **If so please fill out aggression screen**
  - Yes       No
- Does your dog react to noises or thunderstorms?
  - Yes       No

If so, please describe:

### **DIFFERENT SCENARIO'S:**

How does your dog react to the following situations (please tick appropriate box):

**N.B. If you are not certain of your dog's reactions to certain situations please do not put yourself at danger by testing them.**

	No reaction	Snarl/teeth	Bark	Growl	Snap/bite	N/A
Approach dog whilst eating food from bowl						
Approach dog whilst eating bone						

	No reaction	Snarl/teeth	Bark	Growl	Snap/bite	N/A
Touch dog whilst eating						
Take food dish with food away						
Take empty food dish away						
Take water dish away						
Take pigs ear/rawhide away						
Take bone away						
Take dog biscuit away						
Another dog approaches dog whilst eating from a bowl						
Dog approaches dog whilst eating a bone/chew						
Take toy away						
Approach dog whilst playing with toys						
Dog approaches dog whilst playing with toys						
Approach sleeping/resting dog						
Disturb sleeping/resting dog						
Dog approaches or disturbs dog whilst sleeping/resting						
Approach dog whilst on furniture						
Push dog off bed/couch						
Lift dog						
Reach towards dog						

	No reaction	Snarl/teeth	Bark	Growl	Snap/bite	N/A
Bend over dog						
Stare at dog						
Verbal reprimand						
Physical punishment						
Knock on door						
Unfamiliar adult enters house/yard						
Unfamiliar child enters house/yard						
Familiar adult enters house/yard						
Familiar child enters house/yard						
Dog in yard – dog walks past						
Dog in yard –						
Person walks past						
Dog in house – dog walks past						
Dog in house – person walks past						
Response to child/babies						
Someone hugs/touches owner in presence of dog						
Response when dog in car at service station/shopping centre						
Unfamiliar adult approaches dog on leash						
Unfamiliar child approaches dog on leash						



	No reaction	Snarl/teeth	Bark	Growl	Snap/bite	N/A
Dog on leash approached by dog						
Dog on leash sees a dog OFF leash						
Dog on leash sees a dog ON leash						
Dog off leash sees a dog OFF leash						
Dog off leash sees a dog ON leash						
Cars, trucks going by on						
Bicycles, skateboards						
Cats, small animals						
Nail trimming						
Collar restraint						
Scruff restraint						
Put leash on/off						
Put collar on/off						
Grooming						
Bathing						
Wiping feet						
Lifting dog						
Patting dog						
Hugging dog						
leash						
Loud noises						
Thunder						
Vacuum cleaner						
Broom						



- Describe how the main problem initially presented and how it has changed over time:

- Describe the last 3 episodes in which the main problem behaviour occurred (include as many details as possible- e.g. People present, time, where it took place, what happened, etc)

- Has the problem changed with time in frequency or intensity? If so, how quickly has the change occurred?
- Can you identify any factors that may have triggered or coincided with the onset of the behaviour problem?
- Can you predict when a problem is likely to occur?
- What has been tried to correct the problem? How successful have these measures been?
- What are your goals for treatment?
- Please note any other information that may be relevant:

## **YOUR FEELINGS:**

- What are your feelings about your dog's behaviour?
  
- Have you considered finding another home for this pet?  Yes   
No
  
- Have you considered euthanasia?  Yes  No  
If not, under what circumstances would you consider euthanasia?

Thank you for your time. I look forward to helping you and your dog.

Dr Tracey Henderson BSc BVMS MACVSc (Veterinary Behaviour)  
Adelaide Veterinary Behaviour Services

## **AGGRESSION SCREEN:**

Please fill this section out only if aggression is a problem.

**N.B. Aggressive behaviours include growling, snarling, snapping, barking, and biting.**

- Has your dog displayed any of the following:
  - Threatening display (e.g. Hackles, lifting lip)  Yes  No
  - Growling  Yes  No
  - Snaps/bite attempts  Yes  No
  - Bites  Yes  No
- Has your dog bitten:
  - Other dogs  Yes  No
  - Other animals  Yes  No
  - Adults  Yes  No
  - Children  Yes  No
- Who is/are the targets of aggression?
  
- Can you predict when your dog is going to show aggressive behaviour?
  - Yes  No
- Does your dog's aggression appear unprovoked?
  - Yes  No
- Has your dog's aggression escalated in severity since the first signs?
  - Yes  No

### **Aggression towards people**

**Only fill out this section if your dog is aggressive towards people**

- At what age did your dog first bark at a person?
  - What was the circumstance?

- At what age did your dog first growl at a person?
  - What was the circumstance?
  
- At what age did your dog first snap or bite a person?
  - What was the circumstance?
  
- Has your dog bitten and broken skin of a person?
  - Yes       No
- How many bites have broken the skin of a person?
- What are the total number of bites towards people (that did or did not break the skin)?
  
- What body parts are typically bitten?
  
- Is there a particular person or type that your dog is aggressive towards?  
If so please list.
  - Yes       No
  
- Is there a particular location or situation where aggression is most likely to occur? If so, please describe in detail.
  - Yes       No

- When your dog shows aggressive behaviour (e.g. Threatens, attempts to bite or bites), what is your response? And what is your dog's reaction?

### **Aggression towards other dogs/animals**

#### **Only fill out this section if your dog is aggressive towards other dogs**

- At what age did your dog first bark at another dog or animal?
  - What was the circumstance?
  
- At what age did your dog first growl at another dog or animal?
  - What was the circumstance?
  
- At what age did your dog first snap or bite another dog or animal?
  - What was the circumstance?
  
- Has your dog bitten and broken skin of another dog or animal?
  - Yes       No
- How many bites have broken the skin?
- What are the total number of bites (that did or did not break the skin)?
  
- What body parts are typically bitten?



- Is there a particular location or situation where aggression is most likely to occur? If so, please describe in detail.

Yes       No

- When your dog shows aggressive behaviour (e.g. Threatens, attempts to bite or bites), what is your response? And what is your dog's reaction? Describe each different scenario where your dog is aggressive.

- What is the typical distance the dog can be before attempting to attack?

- Please tick the following that apply with regards to aggression towards other dogs:

- Investigates the other dog before attacking
- Tries to attack from a distance
- Barks/growls before attacking
- Does not bark or growl before attacking
- Attacks only bigger dogs
- Attacks only smaller dogs
- Size does not matter

- Attacks only female dogs
- Attacks only male dogs
- Gender of the dog does not matter
- Bites once and retreats
- Bites multiple times and retreats
- Bites and does not let go

Thank you for your time. I look forward to helping you and your dog.

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