



Full Circle
Veterinary Care

BEHAVIOR QUESTIONNAIRE FOR DOGS

We thank you for completing this form and **returning it by fax, mail, or email(preferred) at least TWO DAYS before your appointment, if possible.** The return of this form is a **CRUCIAL** part of your pet's appointment.

Owner Information:

Name: _____

Phone (home) _____ (work) _____ (cell) _____

Email: (Primary Contact) _____

Patient Information:

Name: _____ Breed: _____

Date of Birth/Age _____ Weight _____ Color _____

Sex: Male ____ Female ____ Neutered/Spayed: Yes ____ No ____

Rabies Vaccination Status:

Date of last Rabies vaccination: _____ 1 Year 3 Year

Household Information:

People living in household:

Name	Age	Relationship (e.g. spouse, son, daughter, roommate, etc.)

Other people in regular contact with pet (e.g. pet sitters, housekeepers, relatives, friends, etc.):

Name	Age	Relationship (e.g. pet sitters, friend, grandchild, etc.)

Type of house: Single Family Detached___ Apartment___ Attached/townhouse___
 Mobile home___ Other_____

Neighborhood: Urban___ Suburban___ Rural___
 Do you have a yard? Yes___ No___ If yes, how big is the yard? _____
 Is the yard fenced? Yes___ No___ If Yes, height of fence_____ (ft)
 Type of fence: Wooden slats___ Solid___ Wrought iron___ Chain Link___
 Other_____

Other pets in household (in order came into household):

Name	Species (e.g. dog, cat) & Breed (e.g., Golden Retriever, Manx)	Male/Female Spayed/Neutered	Age Now	Age when obtained

Acquisition Information:

How old was this dog when acquired? _____

Where did you obtain this dog? Performance breeder (show, hunting, agility, etc.) _____

Hobby breeder _____ Private home/previous owner _____

Shelter/rescue organization _____ Pet store _____ Other _____

Behavior of dog's parents/littermates (if known):

Describe previous home(s) (if known):

Why did you acquire this dog? (check all that apply):

Adult's pet _____ Family pet _____ Children's pet _____ Companion to other pet _____

Protection _____ Performance (show, hunting, agility, etc.) _____ Breeding _____

Other _____

Neutering Information:

Is this dog Neutered/Spayed: Yes _____ No _____

If YES: At what age? _____

If not neutered, reasons for not neutering (check all that apply):

Show dog _____ Plan to breed _____ Health concerns _____

Other _____

Medical History:

List any major illnesses/surgeries (dates):

List ALL medications/treatments your dog is currently receiving, including heartworm, flea preventative, dietary supplements, herbal/homeopathic treatments:

Name of medication	Dosage/frequency given	Date started medication

Daily Activities and Routine:

Feeding:

When and where is the dog fed? _____

Who feeds? _____

Types of food: Dry _____ (BRAND) _____ % of diet
Canned _____ (BRAND) _____ % of diet
Raw _____ % of diet
People food _____ % of diet
Treats _____ % of diet

Eating habits (check all that apply):

Eats right away _____ Picky eater _____ Anxious eater _____ Guards food from people _____
Guards food from dogs _____ Other _____

Sleeping:

Where does your dog sleep at night? _____

If disturbed while sleeping what is your dog's reaction (check all that apply)?

Happy _____ Startled _____ Growls _____ Barks _____ Bites _____ Scared _____ Grumpy _____ Playful _____
Other _____

Exercise:

Leash walks: Does your dog get regular leash walks? Yes _____ No _____

If NO, why? Doesn't walk well (pulls) on leash _____ Aggressive on walks _____
Don't have the time _____ Medical reasons _____ Other _____

If YES, who takes the dog for leash walks? _____

How often _____ How long are the walks _____

Location (e.g. around neighborhood, in town, in park) _____

What do you use to walk the dog (check all that apply): Flat buckle collar _____ Body Harness _____
Head collar (Halti, Gentle Leader) _____ Training/choke collar _____ Prong collar _____
Retractable leash _____ Long leash (6ft +) _____ Average leash (4-6ft) _____
Short leash (4ft or less) _____ Other _____

How is your dog on leash: Excellent (never pulls, pays attention to me) _____ Good (rarely pulls) _____
Fair (pulls but I'm able to control) _____ Poor (pulls a lot, difficult to control) _____
Bad (pulls, I don't enjoy the walks) _____

Off-leash Exercise: Does your dog get off-leash exercise? Yes _____ No _____

If Yes, who takes the dog for off-leash exercise? _____

How often _____ For how long _____

Locations (e.g. trails, dog parks, beaches) _____

Living Spaces/Being Left Alone:

Where does your dog spend the most time when people **are home**:

Loose in house _____ (with access to outside _____) Confined (e.g. with gates) to part of the
house _____ (with access to outside _____) Inside in a crate or pen _____ Loose in the yard _____
Outside in a kennel or pen _____ Other _____

Where is your dog spend the most time when people **are not home**?

Loose in house _____ (with access to outside _____) Confined (e.g. with gates) to part of the house _____ (with access to outside _____) Inside in a crate or pen _____ Loose in the yard _____ Outside in a kennel or pen _____ Other _____

How long is your dog left alone on an average day? _____
When is your dog left alone (e.g. 8:00am-5:00pm)? _____

What is your dog's reaction to being left alone (check all that apply):

Calm__ Depressed__ Barks__ Cries/howls__ Urinates/defecates__ Escapes__
Destructive__ Anxious__ Excited__ Aggressive__

Describe a typical 24 hour day in your dog's life, starting with when and where the dog wakes up in the morning. Include feeding, exercise and play times. If behavior problems occur at particular times of the day include that information.

Training:

Has your dog had any training? No____ Trained Ourselves__ Classes/Met with Trainer__

List type of classes, at what ages, and names of trainers:

Puppy classes _____
Group classes _____
Private lessons _____
Board & train _____
Other _____

What training techniques or tools have you used (all that apply): Training collar (choke) _____
Food rewards _____ Verbal Praise _____ Play/toys _____ Prong collar _____
Remote collar (citronella, shock, vibration) _____ Bark collars (shock, vibration, citronella) _____
Other _____

Who in the household trained the dog? _____

What commands does your dog know? _____

Did your dog enjoy training? _____

How well does your dog obey commands **without** distractions:

Very well _____ Well _____ Fairly Well _____ Poorly _____ Does not follow commands _____

How well does your dog obey commands **with** distractions:

Very well _____ Well _____ Fairly Well _____ Poorly _____ Does not follow commands _____

Behavior Screens:

Does your dog engage in the following behaviors at least weekly?:

	No	When owner present (times/week)	When owner gone (times/week)	Don't know
Housoiling		()	()	
Excessive barking/whining		()	()	

Destructive chewing		()	()	
Digging		()	()	
Self licking/chewing		()	()	
Pacing/repetitive behavior		()	()	
Consuming non-food objects		()	()	
Circling/chasing tail/freezing		()	()	

How does dog react to the following?	Happy & Relaxed	Excited/ hard to calm (jumping)	Neutral	Fear/ Anxiety/ Submits	Snarl and/or Growl	Bark	Snap/ Bite	Don't Know/ Don't Do
Unfamiliar people at door								
Unfamiliar people in home								
Unfamiliar people, neutral territory, on leash								
--same, off leash								
--same, approaching/trying to pet								
Children on bicycles, roller blades								
Joggers (adult)								
Cars/trucks going by, on leash								
Babies								
Children								
Unfamiliar dogs, on leash								
Unfamiliar dogs, off leash								
Squirrels/cats/small animals approaching dog								
Person passing when dog in yard								
Dog passing when dog is yard								

How does your dog react to the following?	Happy & Relaxed	Excited/ Hard to calm (jumping)	Neutral	Fear/ Anxiety/ Submits	Snarl and/or Growl	Bark	Snap/ Bite	Don't Know/ Don't Do
Veterinary visits								
Owners leaving								
Owners returning								
Car rides								
Stranger approaching car								
Thunder								
Loud noises								
Roughhousing								
How does dog react when a family member does the following?	Happy & Relaxed	Excited/ Hard to calm (jumping)	Neutral	Fear/ Anxiety/ Submits	Snarl and/or Growl	Bark	Snap/ Bite	Don't Know/ Don't Do
Walk by food while dog								

eats regular dog food								
Take food dish while dog eats								
Walk by food while dog eats delicious food								
Take away non-edible toy								
Take away bone, rawhide								
Take away stolen non-food item (e.g. socks)								
Take away stolen food item (including dirty tissues, paper towels)								
Reach for dropped food at same time as dog								
Reach over head/pet on top of head								
Pet on other parts of body								
Brush								
Bathe								
Pick dog up								
Put on/take off collar								
Put on/take off leash								
Disturb while sleeping								
Move while on furniture								
Approach the dog when it's sitting with a favorite person								
Hold back when excited (e.g. from running out door) NOT WHEN AGGRESSIVE								
Hold back when aggressive (e.g. barking at another dog)								

How does dog react to a family member doing the following?	Happy & Relaxed	Excited/ Hard to calm (jumping)	Neutral	Fear/ Anxiety/ Submits	Snarl and/or growl	Bark	Snap/ Bite	Don't Know / Don't Do
Verbal reprimand								
Leash correction								
Physical reprimand								
Staring at dog								
How does dog react to a dog in the household?	Happy & Relaxed	Excited/ Hard to calm (jumping)	Neutral	Fear/ Anxiety/ Submits	Snarl and/or growl	Bark	Snap/ Bite	Don't Know / Don't Do
Around regular food								
Around rawhides								
Around treats								
Around toys								
Around favorite people								
While on walks together								
During play								

Has your dog ever bitten a person? No ____ Yes ____

If yes, describe the victim(s): age, gender, and actions (e.g. 10 year old boy waving stick). Continue on additional pages if needed:

How bad was the worst bite your dog gave to a person (check all that apply):

Made contact but didn't leave a mark _____ Small red mark _____ Bruised, didn't break skin _____
 Broke skin, minor scrape _____ Broke skin, punctures _____ Multiple punctures _____
 Punctures and tore flesh _____ Multiple bites at one time _____ Required emergency treatment
 (describe) _____

Have any bites been reported to Animal Control or other authorities? No _____ Yes _____

Comments:

Have any victims threatened/taken legal action because of an aggressive incident? N ____ Y ____

If yes, describe incident:

Primary Behavior Problem:

What is the main behavior problem you wish to address at this appointment?

Describe **the very first** incident of this problem. Try to remember the earliest occurrence of the problem, even if it wasn't as serious as it is now. For instance, if your dog is aggressive to people, describe the first time she growled or barked at someone. Or if your dog has problems being left home alone, describe the first time he whined and cried when you left.

Include where the incident occurred, who else (human and animal) was present, what happened just before the incident, how everyone reacted.

Date of event _____ Dog's age _____ (Approximate date/age is o.k.)

Describe per instructions above **the most recent** incident

Date of event _____ Dog's age _____

Describe per instructions above **at least one other incident** you feel illustrates the problem behavior (if you would like to describe other incidents please do so on a separate page)

Date of event _____ Dog's age _____

If you noticed any changes in your dog's body language or facial expression before, during or after the incidents please describe.

What would you like to see as an outcome for your upcoming appointment?

Frequency:

How frequently does this problem occur?

>10 times/day _____ 1-10 times/day _____ 1-6 times/week _____ <1x/week _____ <1time/month _____

Is the frequency... Increasing _____ Decreasing _____ Unchanged _____

What percent of time that your dog is in a potentially problematic situation does the problem behavior occur?:

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

Describe what you've tried to correct the problem and what the dog's response has been to each attempt.

How serious do you and other members of the household find this problem:

Name _____ Mild _____ Moderate _____ Severe _____ Intolerable _____

Name _____ Mild _____ Moderate _____ Severe _____ Intolerable _____
Name _____ Mild _____ Moderate _____ Severe _____ Intolerable _____

Has anyone suggested you rehome this dog? Y ___ N ___

Has anyone suggested you euthanize this dog? Y ___ N ___

Have you or a household member considered rehoming this dog? Y ___ N ___

Have you a household member considered euthanizing this dog? Y ___ N ___

List other problem behaviors in order of importance to you. Due to the intense focus on your dog's main problem, there may be limited opportunity to address these at the initial appointment.