

**PRELIMINARY BEHAVIOR CONSULTATION
QUESTIONNAIRE FOR DOG OWNERS**



Please print and complete the questions and return this document before your appointment. via mail, e-mail, fax, or in person. All of your answers are confidential. **PLEASE NOTE WE REQUEST YOU BRING PROOF OF RABIES VACCINATION TO THE APPOINTMENT IF THE MOST CURRENT VACCINE WAS NOT ADMINISTERED AT OUR HOSPITAL.**

1. Pet's name

2. Your name

3. Breed of dog

4. Color

5. Date of birth (if known)

6. Sex (circle one) MALE
 FEMALE

7. Has your pet been altered?

- If yes:
 - At what age?

 - Date of alteration

 - Reason for altering

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• Any behavioral changes after alteration?

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- If no:
 - Are you planning to breed this dog? YES NO

8. Has this pet ever been bred? YES
 NO

9. If female, did she experience heat cycles before altering?

- Age of 1st heat cycle, if applicable

- Rate(s) of heat cycle(s)

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10. How old was your pet when you first acquired it?

11. Has this pet had other owners?

- If so, how many? _____
- Why was this pet given up?

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12. How long have you had this pet?

13. Where did you get this pet?

Stray/Found Breeder

SPCA/Shelter Service Breed Rescue

- Pet Store Friend
- Internet/Newspaper Ad (Not from a breeder)
- Other

14. Why did you get this pet?

15. When was your pet last vaccinated for :

- Distemper

Date (if known)

- Rabies

Date (if known)

16. Is this pet (please check all that apply):

- Allowed to run free, unsupervised
- Fenced/kenneled/run
- Leash-walked only
- Outside unleashed, but supervised
- Indoors only
- Outdoors only

17. What percentage of the day does your pet spend outside?

18. What kind of living situation do you have?

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

19. How many times is your pet walked or let out per day? (circle one)

1 2 3 4 5

If your pet is walked, what is the average length of time for each walk?

20. Feeding:

How many meals is your pet fed daily?

1 2 3 4 5

At what times is your pet fed?

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How often is your pet fed treats daily?

0 1 2 3 4

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

0 1 2 3 4

21. What exactly is your pet fed (include name brands such as Science Diet Large Breed Adult or Purina Puppy Chow):

Does your pet have allergies? YES
NO

If yes, please list below:

22. Does your pet have any preexisting or current medical problems? YES
NO

If so, what are they?

23. Is your pet currently taking any medications to prevent heartworm?

- No
- Yes -Which brand?

24. Is your pet currently taking any medications to prevent ticks?

- No
- Yes -Which brand?

25. Is your pet on any other medications?

- No
- Yes - Please list below

26. Do you have any other pets? YES
NO

Name	Breed	Sex	Age obtained	Age Now

Using numbers, please label which pet was obtained 1st, 2nd, 3rd, etc.

If so, are any of these pets ill? YES
NO

27. Has your household changed since acquiring this pet? YES NO

- Death of human in family
 - Death of pet in family
 - Divorce
 - Marriage
 - Child moved
 - Baby born
 - Pet added
 - Family moved
 - Family schedule changed (lost or gained jobs)
 - Other
-

28. Please list all the members currently living in this household.

Name	Age	Sex	Relation	Occupation

Please mark with an asterisk (*) [on the previous table] those who are coming to the clinic with the pet. If anyone *not listed* is coming with the pet, who are they (i.e. friend, neighbor)?

29. Do you know how many animals were in this pet's litter? YES
NO

Males _____
Females _____

30. Why did you choose this specific animal from the litter?

31. Have you had this breed before?

- Yes
- No

32. Why did you choose this specific breed?

33. Have you had pets before? YES
NO

34. Have you had dogs before? YES
NO

35. Have you had cats before? YES
NO

36. Where does your pet sleep? (Please check all that apply)

- In or on your bed
- On its own bed in your room
- In a crate in another room
- On the floor next to your bed
- In another room, where it wants

- In another room, locked from your room

your pet? Do you seek it out and say goodbye? Do you make a fuss over it? Etc.

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

0 1 2 3 4 5
>5

How long does each play bout last on average (in minutes)

How does each play session start?

- You start it
- Your pet starts it
- Other

38. How often do you play with toys or play games with your pet outside the house daily (on average)?

0 1 2 3 4 5
>5

How long does each play bout last on average (in minutes)

How does each play session start?

- You start it
- Your pet starts it
- Other

39. In detail, describe how you prepare to leave the house when the pet will be left alone. Do you ignore

40. What does your pet do as you prepare to leave?

41. 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
- Other (please specify)

42. Age when dog started lessons/
training

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43. Who took the dog to obedience
school?

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44. How long did the dog go to
obedience school?

45. Does the dog have any obedience
titles?

46. What commands does your dog
know and how well?

COMMAND	PERFECT	USUALLY	OK	NEEDS WORK
Sit				
Stay				
Lie down				
Come				
Wait				

Heel				
Fetch				
Drop it				
Other:				
—				

47. Is there anything else you would
like to tell us about your dog's
training?

48. What is/are the behavioral
problem(s) that you wish to
address, and how much of a
problem do you consider the
behavior to be?

Problem	Not Serious	Serious	Very Serious

49. Why have you kept your pet despite
its behavior problem?

50. Are you concerned that you may have caused this problem? YES
NO

Why?

51. Do you feel guilty about this problem? YES NO

Why?

52. Have you considered finding another home for this pet?

- YES
- NO

53. Have you considered euthanasia (putting your pet to sleep)?

- YES
- NO

54. Did someone recommend euthanasia before your visit here?

- YES
- NO

55. To help us understand your pet's problem, please use the back of the sheet or attach a map of your house or the relevant areas of your house (i.e. locations of dog beds, locations of fences, etc.)