PRELIMINARY BEHAVIOR CONSULTATION QUESTIONNAIRE FOR DOG OWNERS

Please print and complete the questions and return this document before your appointment. 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 __________
   • 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) ________________
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? ________________
12. How long have you had this pet? _____
13. Where did you get this pet?
   □ Stray/Found □ Breeder
   □ □
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?

   ____________________

   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?
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
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Relation</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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

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

_______________________________

_______________________________

_______________________________

_______________________________

_______________________________

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
______________________________

43. Who took the dog to obedience school?
______________________________

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?

<table>
<thead>
<tr>
<th>COMMAND</th>
<th>PERFECT</th>
<th>USUALLY</th>
<th>OK</th>
<th>NEEDS WORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sit</td>
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<tr>
<td>Stay</td>
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<tr>
<td>Lie down</td>
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<td></td>
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<tr>
<td>Come</td>
<td></td>
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<tr>
<td>Wait</td>
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</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not Serious</th>
<th>Serious</th>
<th>Very Serious</th>
</tr>
</thead>
</table>

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.)