



365 Saratoga Avenue
Ballston Spa, NY 12020
518-885-5650
www.ballstonspavet.com

Dog Behavior Questionnaire plus Aggression Screen

The process for treating behavior issues involves many important steps.

Step 1: Forms must be filled out in detail and returned to the clinic. These will be carefully reviewed by the doctor before your appointment. All of your answers are confidential. The cost for doctor review in preparation for visit and behavior consult is \$152.25, paid at form drop-off.

Step 2: After receiving forms and payment, the receptionist will schedule the exam, labwork and consultation.

Step 3: Bring your pet in for a physical exam, blood and urine tests and the behavior consultation with the doctor.

Costs: Physical Exam \$ 72.00
Labwork \$ 171.00

Behavior Consultation \$ 152.25 **(pre-paid at step 1)**

**Additional cost could include medications for physical or behavioral problems.*

Step 4: At the end of the visit, written material will either be given to you or mailed.

Please complete these questions as thoroughly as possible.

1. Dog's Name _____
Your Name _____
2. Breed _____ Color _____
3. Age of Pet _____
4. Date of Birth _____
5. Sex _____ Spayed or Neutered? Yes No
If yes, at what age? _____ Date of surgery? _____ Reason for neutering? _____
Any behavioral changes after neutering? _____
6. If your dog is not neutered, do you plan to breed him/her? Yes No
7. Has this dog ever been bred? Yes No
8. If female, did she experience heat cycles before neutering? Yes No
Age of first heat, if applicable _____
Date(s) of heat cycle(s) _____
9. How old was your dog when you first acquired it? _____
10. Did you meet all the puppies in the litter? _____
If so, why did you choose your puppy? _____
11. Why did you choose this specific breed? _____
12. Have you had this particular breed before? Yes No
13. Has this dog had any other owners? Yes No If so, how many? 1 2 3 4 Unknown
Why was this dog given up? _____
14. How long have you had this dog? _____

15. Where did you get this dog?

- Stray/Found
 Breeder
 SPCA/Humane Shelter
 Breed Rescue Service
 Newspaper adoption advertisement (not breeder)
 Pet Store
 Friend
 Other (Please explain) _____

16. Why did you get this dog? _____

17. When was your dog last vaccinated for the following (please bring records to appointment if we don't have them):

Distemper/Parvo: _____

Rabies: _____

Lyme: _____

18. Is this dog (please check all that apply):

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

19. What percentage of the day does your dog spend outside? _____

What percentage of the night does your dog spend outside? _____

What kind of living situation do you have?

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

20. How many times is your dog walked or let out per day?

- 0 1 2 3 4 5 6 7 8

If your dog is walked, what is the average length of time for each walk (in minutes)? _____

21. How often is your dog fed meals each day?

- 1 2 3 4

How often is your dog fed treats (dog biscuits, chewies) each day?

- 1 2 3 4

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

- 1 2 3 4

22. Do you leave food out all day? Yes No

If so, how much? _____

How frequently do you refill? _____

23. What exactly is your dog fed (include brand names)? _____

24. Does your dog have any allergies? Yes No

Please specify _____

25. Does your dog have any pre-existing or current medical problems? Yes No

If so, what are they? _____

26. Is your dog currently taking any medication to prevent Heartworms? Yes No

Brand _____

Is your dog currently taking any medication to control Flea & Ticks? Yes No

Brand _____

Is your dog currently taking any other medications? Yes No

Types _____

27. Has your household changed since acquiring this pet? Yes No

- If so, how?
- | | |
|---|--|
| <input type="checkbox"/> Death of human in family | <input type="checkbox"/> Death of pet in family |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Baby born | <input type="checkbox"/> Child moved |
| <input type="checkbox"/> Pet added | <input type="checkbox"/> Family schedule changed (lost or gained jobs) |
| <input type="checkbox"/> Family moved | <input type="checkbox"/> Other |

28. Please list the people, *including yourself*, currently living in the household or who spend a lot of time with the dog.

Name **Sex** **Age** **Relationship** **Occupation**

(Self, husband, wife, mother-in-law, etc.)

Name	Sex	Age	Relationship	Occupation

* Please mark with an asterisk (*) any of the above who are coming to the clinic with the dog.

29. Please list all the animals in the household.

Name **Breed** **Sex** **Age Obtained** **Age Now** **Age at introduction**

Name	Breed	Sex	Age Obtained	Age Now	Age at introduction

* Refer to the chart above and, using numbers, label which pet was obtained first, second, etc.

* Please label each pet's age at time of introduction to your dog.

30. How were these pets affected by your new dog?

31. Are any of these pets ill? Yes No

If so, please explain _____

32. Have you had pets before? Yes No

33. Have you had dogs before? Yes No

34. Have you had cats before? Yes No

35. Where does your dog sleep? Check all that apply, we know pets move at night.

- In or on your bed
- On its own bed in your bedroom
- In its crate in your bedroom
- On its own bed in another room
- In a crate in another room
- On the floor next to your bed
- In another room, voluntarily, anywhere it wants
- In another room because it is locked from your bedroom, anywhere it wants

36. Does your dog wake you up at any time during the night? Yes No

If so when, and for what reason?

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

- 0 1 2 3 4 5 >5

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

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

- 0 1 2 3 4 5 >5

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

39. 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

40. Age when dog started lessons/training? _____

41. Who took the dog to obedience school? _____

42. How did the dog do in obedience school? _____

43. Does the dog have any obedience titles? _____

Behavioral History

1. Chief complaints:

- a. _____
- b. _____
- c. _____
- d. _____

2. Precipitating reason for visit:

3. Has the frequency or intensity of the occurrence of the behavior changed since the problem started?

- Yes
- No

If so, how and when?

4. Record a detailed description of events and how long ago each event occurred.

Most recent incident: Date: _____

Second most recent incident: Date: _____

Third most recent incident: Date: _____

5. Chronological development of the problem; other significant incidents:

6. Duration of problem _____ Days _____ Months _____ Years

7. Corrections and/or medical therapy to date and outcome.

8. Age of animal when he first began showing signs of the problem: _____

Client's impression:

Practitioner's impression (at visit):

9. Do you know if the parents engage in similar behaviors as the presented animal?

- Yes, they do
- No, they do not
- Do not know

If so, what behaviors are exhibited and by whom?

10. Do you know if any littermates are engaging in the same behaviors?

- Yes, they do
- No, they do not
- Do not know

If so, what behaviors are exhibited and by whom?

11. Describe interactions between pets in the household.

12. How does the pet react to strangers?

13. How does the pet behave in veterinary offices and while being examined?

14. Has the pet ever been in a boarding kennel?

- Yes
- No

If yes, how did the pet behave? _____

15. Has the pet ever been to a groomer?

- Yes
- No

If yes, how did the pet behave? _____

16. Describe, in detail, 24 hours of a typical day in the pet’s life starting with where the pet is when he wakes up in the morning. **Important: please be as specific and detailed as possible.**

If your pet is having aggression issues, please continue to the Aggression Screen for more questions.

Canine Aggression Screen

This screen can be used in three ways:

1. To note the presence or absence, at any time, of any of the behaviors.
2. To log the baseline behavior, noting how many times the behavior occurs, given the number of times it is attempted, per unit time (i.e., per week).
3. To log frequencies of the occurring behaviors, given the number of times the circumstance has been encountered, during treatment so that these numbers can be compared with # 2.

Note if the reaction is consistent in style or is directed toward only one person or is present in only one restricted circumstance. It is worth noting whether the dog is subjectively becoming more or less intense (or harder or easier to interrupt) in its behavior (>I [intensity], <I, relatively).

Please continue onto next page...

Key: NR = No Reaction; SL = Snarl/Lift Lip; BG = Bark, Growl (aggressive, *not* alerting bark); SB = Snap/Bite; NA = Not Applicable

	NR	SL	BG	SB	NA
1. Take dog's food dish with food					
2. Take dog's empty food dish					
3. Take dog's water dish					
4. Take food (human) that falls on floor					
5. Take rawhide					
6. Take real bone					
7. Take biscuit					
8. Take toy					
9. Human approaches dog while eating					
10. Dog approaches dog while eating					
11. Human approaches dog while playing with toys					
12. Dog approaches dog while playing with toys					
13. Human approaches/disturbs dog while sleeping					
14. Dog approaches/disturbs dog while sleeping					
15. Step over dog					
16. Push dog off bed/couch					
17. Reach toward dog					
18. Reach over head					
19. Put on leash					
20. Human pushes on shoulders					
21. Dog mounts, pushes on shoulders					
22. Human pushes on rump					
23. Dog mounts, pushes on rump					
24. Towel feet when wet					
25. Bathe dog					
26. Groom dog's head					
27. Groom dog's body					
28. Human stares at dog					
29. Dog stares at dog					
30. Take muzzle in hands and shake					
31. Push dog over onto back					
32. Stranger knocks on door					
33. Stranger enters room					
34. Dog in car at toll booth					
35. Dog in car at gas station					
36. Dog on leash approached by dog on street					
37. Dog on leash approached by person on street					
38. Dog in yard – person passes					
39. Dog in yard – dog passes					
40. Dog in veterinarian's office					
41. Dog in boarding kennel					
42. Dog at groomer					
43. Dog yelled at					
44. Dog corrected with leash					
45. Dog physically punished – hit					
46. Someone raises voice to client in presence of dog					
47. Someone hugs/touches client in presence of dog					
48. Squirrels, cats, small animals approach dog					
49. Bicycles, skateboards nearby					
50. Crying infant					
51. Playing with 2-year-old children					
52. Playing with 5 to 7-year-old children					
53. Playing with 8 to 11-year-old children					
54. Playing with 12 to 16-year-old children					

Key: NR = No Reaction; SL = Snarl/Lift Lip; BG = Bark/Growl (aggressive, *not* alerting bark); SB = Snap/Bite; NA = Not Applicable

1. Number of total bites

0 1 2 3 4 5 >5

2. Number of bites that broke skin

0 1 2 3 4 5 >5

3. Number of bites reported and to whom (i.e., local authorities, hospital, humane society).

Number reported

0 1 2 3 4 5 >5

Reported to: _____

4. Was there legal action taken against you as a result of the bite(s)?

Yes

No

5. Frequency of occurrence of the undesirable behavior(s):

* Complaint 1 _____

Daily

Weekly

Monthly

Percent of time that the pet is in situation and during which undesirable behavior occurs:

Less than 25%

25% to 50%

51% to 75%

76% to 100%

* Complaint 2 _____

Daily

Weekly

Monthly

Percent of time that the pet is in situation and during which undesirable behavior occurs:

Less than 25%

25% to 50%

51% to 75%

76% to 100%

* Complaint 3 _____

Daily

Weekly

Monthly

Percent of time that the pet is in situation and during which undesirable behavior occurs:

Less than 25%

25% to 50%

51% to 75%

76% to 100%

Date last updated: 9/21/19