

## CANINE BEHAVIOUR CONSULTATION QUESTIONNAIRE

North Toronto Animal Clinic, 99 Henderson Ave. Thornhill, ON, L3T 2K9  
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Please visit our website at [www.northtorontoanimalclinic.com](http://www.northtorontoanimalclinic.com) for further details on our clinic, our doctors, our staff, our location and how behaviour consultation services are managed. A computer form is also available on our website under "Word forms for Computer" if you prefer to return this form by email.

Completed forms must be returned at least 2 business days prior to your scheduled consultation.

We have space for your pet and 3 attendees. Please bring a video or photos of your pet's problem.

Please note that we are located in the Doncaster Animal Clinic as a shared facility

To book a behaviour consultation please phone 905-881-2752.

### General Information:

Today's date: \_\_\_\_\_ Date and time of consultation (if scheduled): \_\_\_\_\_  
Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Postal (Zip) Code: \_\_\_\_\_  
Phone: Home: (    ) \_\_\_\_\_ Business: (    ) \_\_\_\_\_ ext: \_\_\_\_\_  
                  Mobile/other: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_

Veterinary Clinic: \_\_\_\_\_  
Veterinarian's Name: \_\_\_\_\_  
Clinic address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Clinic phone: (    ) \_\_\_\_\_  
Who referred you to our service? \_\_\_\_\_

### Pet Information:

Pet's Name: \_\_\_\_\_ Date of birth **OR** Estimate age if unknown: \_\_\_\_\_  
Weight: \_\_\_\_\_ Sex: **Male / Female** Neutered? **Yes / No** If neutered, at what age? \_\_\_\_\_  
Any change after neutering? \_\_\_\_\_  
Breed or Description: \_\_\_\_\_ Colour: \_\_\_\_\_  
Age obtained: \_\_\_\_\_ Where did you obtain this pet? \_\_\_\_\_  
Breeder's Name or Shelter: (if applicable): \_\_\_\_\_

Describe previous home / homes (if known): \_\_\_\_\_

For what reason did you obtain this pet? (check all that you feel are appropriate)  
**companion** ; **protection** ; **work** ; **agility** ; **breeding/show** ; **other** Please describe: \_\_\_\_\_

Behaviour of parents or littermates (if known): \_\_\_\_\_

Briefly describe your dog's personality (check all that apply) **quiet** ; **calm** ; **confident** ; **excitable** ;  
**bold** ; **unruly** ; **stubborn** ; **shy** ; **fearful** ; **other**  Please describe: \_\_\_\_\_

### The Home Environment:

List each family member living in the home (include sex and age of children): \_\_\_\_\_

Describe how your pet gets along with each family member including any problems: \_\_\_\_\_

List all other pets in the home:

Describe how your pets get along with each other:

Type / Brand of food:

What is your pet's favourite food?

Describe your pet's appetite for food:

**voracious** ; **good/above average** ; **average** ; **picky** ; **poor**

When and how often is your pet fed?

Who feeds?

Type of treat(s)?

What is your pet's favourite treat?

Describe your pet's interest / appetite for treats:

**voracious** ; **good/above average** ; **average** ; **picky** ; **poor**

When and how often do you give treats?

Who gives treats?

List any supplements:

Describe the usual daily schedule for the family:

Describe the usual daily schedule for your dog:

Describe the type, length and number of exercise / play sessions with your dog and with which family members:

Favourite game(s):

Favourite toy(s):

Describe your dog's chewing and exploration:

- Not very oral/exploratory except own toys**
- Very oral/exploratory but mostly limited to own toys**
- Mild household damage**
- Moderate household damage**
- Severe household damage**
- Other** – if other please describe:

If your pet chews or damages owner possessions, describe the objects and when it is most likely to occur:

What chew toys do you provide your dog?

What are your pet's favoured chew toys?

Where is your dog's preferred sleeping spot during the daytime?

Where does the dog sleep at night?

Have you ever used a crate or pen for confinement? **Yes / No** Do you still use a crate or pen? **Yes / No**  
Describe the dog's reaction to being crated or confined:

Describe the crate or confinement area and its location:

If you no longer use a crate or confinement, when and why did you stop?

### **Training:**

Has this pet had obedience training? **Yes / No**

If yes indicate the type of training: **puppy class** ; **training class for adult dogs** ; **private instructor** ;  
**trained my dog myself** ; **other**  Describe:

At what age was your dog first enrolled?

Did you enrol in any additional classes?

Describe training classes - include school(s) or instructor(s):

How would you describe the type of training? List all that apply

Reward based ; Assertive /dominance ; Aversive/corrections ; Target / lure training ; Other

Briefly describe the training methods used:

Have you used clicker training **Yes / No**

If yes, was it useful **Yes / No.** If no, are you familiar with its use? **Yes / No**

What training was most successful?

Did any training technique make the problem worse?

Do you continue to practice training? **Yes / No** If yes, describe who trains, what type of training and how often?

Has your pet had any professional training for agility, flyball etc. **Yes / No**

If yes, describe:

Is your pet used as an assistance dog? **Yes / No**

If yes, describe:

Is your dog trained for work (hunting, retrieving, coursing, protection etc) **Yes / No**

If yes, describe:

Have you used a trainer or behaviourist for the problem for which you are seeking help today? **Yes / No**

If yes, describe trainer and type of training:

**Indicate which of the following training products you have used and the dog's response / efficacy**

Head halter <input type="checkbox"/>	Type:	Response:
Flat buckle collar <input type="checkbox"/>		Response:
Choke collar <input type="checkbox"/>		Response:
Prong or pinch collar <input type="checkbox"/>	Type:	Response:
Body harness <input type="checkbox"/>	Type:	Response:
Remote collar <input type="checkbox"/>	Type:	Response:
Disruption e.g. shake can <input type="checkbox"/> ; water spray <input type="checkbox"/> ; throw chain <input type="checkbox"/> ; citronella spray <input type="checkbox"/> ; Noise device <input type="checkbox"/> ; Ultrasonic device <input type="checkbox"/> ; Other <input type="checkbox"/>	Type:	Response:

Describe your dog's learning ability:

List family member(s) with most control:

List family member(s) with least control:

For each of the following use a scale of 1 (excellent) to 6 (poor/none) to indicate how your dog responds:

- |                                                                                                                                                                                                  |   |   |   |   |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|
| 1. a) Sit:                                                                                                                                                                                       | 1 | 2 | 3 | 4 | 5 | 6 |
| b) Sit-focus 1 minute:                                                                                                                                                                           | 1 | 2 | 3 | 4 | 5 | 6 |
| c) Sit-focus 5 minutes:                                                                                                                                                                          | 1 | 2 | 3 | 4 | 5 | 6 |
| d) Sit-focus / relaxed as long as requested:                                                                                                                                                     | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. a) Down:                                                                                                                                                                                      | 1 | 2 | 3 | 4 | 5 | 6 |
| b) Down-stay 1 minute:                                                                                                                                                                           | 1 | 2 | 3 | 4 | 5 | 6 |
| c) Down-stay 5 minutes:                                                                                                                                                                          | 1 | 2 | 3 | 4 | 5 | 6 |
| d) Down-stay / relaxed as long as requested:                                                                                                                                                     | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. a) Come (indoors):                                                                                                                                                                            | 1 | 2 | 3 | 4 | 5 | 6 |
| b) Come (in yard):                                                                                                                                                                               | 1 | 2 | 3 | 4 | 5 | 6 |
| c) Come (in park):                                                                                                                                                                               | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Heel – walks on loose leash:                                                                                                                                                                  | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. Give / drop:                                                                                                                                                                                  | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. Does your dog have a command to go to a bed, mat, crate or particular area? <b>Yes / No</b>                                                                                                   |   |   |   |   |   |   |
| If yes how quickly does your dog respond?                                                                                                                                                        | 1 | 2 | 3 | 4 | 5 | 6 |
| If yes, please indicate the location: <b>bed</b> <input type="checkbox"/> ; <b>mat</b> <input type="checkbox"/> ; <b>crate</b> <input type="checkbox"/> ; <b>room</b> <input type="checkbox"/> . |   |   |   |   |   |   |

Describe:

7. Is there a particular command e.g. sit / focus or down/settle with which you can achieve a reliable relaxed response? **Yes / No**

If yes, describe:

Does your dog know any tricks? **Yes / No**

If yes, describe:

**Reinforcer assessment:**

If you wanted to train / motivate your dog, what would be its favoured reward?

If you could give your dog ANY food as a reward, what would be the favourite? List the top 5:

Other than food, what rewards (e.g. toy, affection) would be most enticing to your dog? List the top 5:

## Handling:

How does the dog react to the following? Please comment on any differences between family members.

- Nail trimming? **Enjoys** ; **Accepts willingly** ; **Accepts reluctantly** ; **Resists** ; **Aggression** ; **Can't do** .  
Comments:
- Ear/eye cleaning? **Enjoys** ; **Accepts willingly** ; **Accepts reluctantly** ; **Resists** ; **Aggression** ; **Can't do** .  
Comments:
- Brushing? **Enjoys** ; **Accepts willingly** ; **Accepts reluctantly** ; **Resists** ; **Aggression** ; **Can't do** .  
Comments:
- Bathing? **Enjoys** ; **Accepts willingly** ; **Accepts reluctantly** ; **Resists** ; **Aggression** ; **Can't do** .  
Comments:
- Teeth brushing? **Enjoys** ; **Accepts willingly** ; **Accepts reluctantly** ; **Resists** ; **Aggression** ; **Can't do** .  
Comments:
- Rubbing belly? **Enjoys** ; **Accepts willingly** ; **Accepts reluctantly** ; **Resists** ; **Aggression** ; **Can't do** .  
Comments:
- Patting head? **Enjoys** ; **Accepts willingly** ; **Accepts reluctantly** ; **Resists** ; **Aggression** ; **Can't do** .  
Comments:
- Hugging / kissing? **Enjoys** ; **Accepts willingly** ; **Accepts reluctantly** ; **Resists** ; **Aggression** ; **Can't do** .  
Comments:
- Being lifted? **Enjoys** ; **Accepts willingly** ; **Accepts reluctantly** ; **Resists** ; **Aggression** ; **Can't do** .  
Comments:
- Grab by collar? **Enjoys** ; **Accepts willingly** ; **Accepts reluctantly** ; **Resists** ; **Aggression** ; **Can't do** .  
Comments:
- Rolling over/pinning? **Enjoys** ; **Accepts willingly** ; **Accepts reluctantly** ; **Resists** ; **Aggression** ; **Can't do** .  
Comments:
- Removing food or treat? **Enjoys** ; **Accepts willingly** ; **Accepts reluctantly** ; **Resists** ; **Aggression** ; **Can't do** .  
Comments:
- Give pills? **Enjoys** ; **Accepts willingly** ; **Accepts reluctantly** ; **Resists** ; **Aggression** ; **Can't do** .  
Comments:
- Give liquid medication? **Enjoys** ; **Accepts willingly** ; **Accepts reluctantly** ; **Resists** ; **Aggression** ; **Can't do** .  
Comments:

**Describe any problems in more detail:**

## Reactivity – Indicate how your dog reacts to each of the following:

**If your dog is fearful or reactive in any of these situations please also describe under principle complaint.**

- Familiar dogs on property: **Calm** ; **Excited** ; **Ambivalent** ; **Fear** ; **Confused** ; **Friendly** ; **Aggressive**
- Familiar dogs off property: **Calm** ; **Excited** ; **Ambivalent** ; **Fear** ; **Confused** ; **Friendly** ; **Aggressive**
- New dogs on property: **Calm** ; **Excited** ; **Ambivalent** ; **Fear** ; **Confused** ; **Friendly** ; **Aggressive**
- New dogs off property: **Calm** ; **Excited** ; **Ambivalent** ; **Fear** ; **Confused** ; **Friendly** ; **Aggressive**
- Familiar cats: **Calm** ; **Excited** ; **Ambivalent** ; **Fear** ; **Confused** ; **Friendly** ; **Aggressive**
- Unfamiliar cats: **Calm** ; **Excited** ; **Ambivalent** ; **Fear** ; **Confused** ; **Friendly** ; **Aggressive**
- Strangers on property: **Calm** ; **Excited** ; **Ambivalent** ; **Fear** ; **Confused** ; **Friendly** ; **Aggressive**
- Strangers off property: **Calm** ; **Excited** ; **Ambivalent** ; **Fear** ; **Confused** ; **Friendly** ; **Aggressive**
- Strangers arriving indoors: **Calm** ; **Excited** ; **Ambivalent** ; **Fear** ; **Confused** ; **Friendly** ; **Aggressive**
- Car rides: **Calm** ; **Excited** ; **Ambivalent** ; **Fear** ; **Confused** ; **Friendly** ; **Aggressive**
- Thunderstorms/fireworks: **Calm** ; **Excited** ; **Ambivalent** ; **Fear** ; **Confused** ; **Friendly** ; **Aggressive**
- Other noises: **Calm** ; **Excited** ; **Ambivalent** ; **Fearful** ; **Confused** ; **Panic** ; **Aggressive**

If fearful of noises describe which noises and reaction:

Fears, phobias or anxiety of locations or situations **Yes / No**

If yes, describe:

Shyness/timidity (non-aggressive): e.g. ears back, cowering, tail tucked, shaking, retreating, hiding, etc. **Yes / No**

If yes, describe situations not previously discussed:

Anxiety (non-aggressive): **Yes / No**

If yes, describe here (or under principle complaint):

How long after exposure to these events is finished, does your dog settle down (i.e. back to normal)?

## **Punishment / Discipline / Corrections:**

Have you ever used any of the following for punishment or training?

1. Physical punishment: **Yes / No**

If yes, describe type and situation in which it was used and your dog's reaction:

2. Handling corrections:

a) Muzzle grasp: **Yes / No**

If yes, describe type and situation in which it was used and your dog's reaction:

b) Lifting: **Yes / No**

If yes, describe type and situation in which it was used and your dog's reaction:

c) Pinning: **Yes / No**

If yes, describe type and situation in which it was used and your dog's reaction:

3. Noise (Shaker can / siren / ultrasonic): **Yes / No**

If yes, describe type and situation in which it was used and your dog's reaction:

4. Water Sprayer: **Yes / No**                      Citronella Spray: **Yes / No**

If yes, describe type and situation in which it was used and your dog's reaction:

5. Verbal reprimands: **Yes / No**

If yes, describe type and situation in which it was used and your dog's reaction:

6. Time-out: **Yes / No**

If yes, describe type and situation in which it was used and your dog's reaction:

7. Remote shock: **Yes / No**                      Remote citronella: **Yes / No**

If yes, describe type and situation in which it was used and your dog's reaction:

8. Booby traps / repellents / avoidance units: **Yes / No**

If yes, describe type and situation in which it was used and your dog's reaction:

9 Avoidance fencing: **Yes / No** if yes, citronella or shock?

If yes, describe type and situation in which it was used and your dog's reaction:

Has any punishment been effective? **Yes / No**

If yes, indicate what worked best and in what situations:

Has any punishment made the problem worse? **Yes / No**

If yes, describe punishment and dog's reaction:

Has punishment ever led to threatening behaviour or aggression? **Yes / No**

If yes, describe:

Does your dog respond differently to punishment from different family members? **Yes / No**

If yes, describe:

## Departure Behaviour Screening:

When you go out is your dog confined or crated? **Yes / No**

If yes, indicate if crated or what areas are restricted:

How long is the dog left alone on the average day and when?

At what times of day is your dog most commonly left alone?

During the average week, what is the longest time you would need to leave your dog alone?

Are there any problems that arise during these longer departures compared to shorter departures? **Yes / No**

If yes, describe:

How does your dog react when you prepare to leave?

Has your dog ever been left at a: **kennel** ; **veterinary office** ; **with a friend/relative** ; **other**

If yes, describe your dog's reaction:

Is your dog ever alone outdoors? **Yes / No**

How often?

How long (average)?

Where is the dog left when outdoors?

How does your dog react to being left alone outdoors?

Does your dog exhibit any behaviour problems when you leave your dog alone? **Yes / No**

**If Yes, please continue. If No, please proceed to the "Housetraining" Screen below.**

Describe your dog's behaviour when left alone at home:

How soon after you depart does the problem begin?

How long does the problem last?

How does your dog react when you prepare to leave?

How does your dog react at the time of departure (as the last person prepares to leave)?

Does the dog act differently depending on who is the last to leave? **Yes / No**

If yes, describe how the dog reacts differently with each family member:

What is the dog's reaction at homecomings?

Does your dog react differently at homecoming to different family members? **Yes / No**

If yes, describe:

How does your dog react when left alone in the car?

What is the longest that you have left your dog in the car without problems arising?

Are there any places, times or situations when you leave your dog alone and the problems do not arise or are less intense?

**Yes / No** If yes, describe when and where:

What techniques have you used so far to try and improve the problem?

Technique: Dog's response:

## Housetraining Screen:

Where is your dog's primary location for elimination?

On average, how many times a day does your dog urinate?

On average, how many times a day does your dog defecate?

Is your dog completely housetrained? **Yes / No**

**If Yes, please proceed to "Aggression Screen" below. If No, please continue.**

Does your dog eliminate outdoors? **Yes / No**

If Yes, what is *your dog's* favoured location?

What is *your* preferred location for your dog to eliminate?

Do you accompany your dog outside for elimination? **Yes / No**

Does your dog soil in the home with urine ; stools ; both

What do you do after your dog eliminates in the correct location?

What do you do when you catch your dog soiling in an incorrect location?

What do you do when you find urine or stool that has been passed in the improper location?

What is your dog's response?

Does your dog signal when it needs to eliminate? **Yes / No** If yes, describe:

About how often does your dog housesoil?

When is the dog most likely to housesoil?

Does your dog soil in: a specific location ; multiple locations ; random locations  Describe most common locations:

Does your dog housesoil when family members are at home? **Yes / No**

If yes, describe when:

Does your dog housesoil while you are watching? **Yes / No**

If yes, what is your reaction and your dog's response?

Does your dog urine mark (lift leg – small amounts) outdoors? **Yes / No**

If yes, describe:

Does your dog urine mark (lift leg – small amounts) indoors? **Yes / No**

If yes, describe:

Do you confine your dog to a crate, room or pen? **Yes / No**

If yes, does your dog eliminate in the crate, room or pen? **Yes / No**

Does your dog leak urine or lose control? **Yes / No** If yes, when? (check all that apply)

when excited  when frightened  sleeping ; walking ; greeting owners ; greeting strangers . Other

If yes, describe:

Has there been a change in your dog's drinking when or since the problem began? **Yes / No** If yes, describe:

Has there been a change in your dog's eating when or since the problem began? **Yes / No** If yes, describe:

When the housesoiling began, was there a change in your dog's urination? **Yes / No** If yes, check all that apply

Less frequent / often  More frequent  Larger volume (amount) each time  Smaller volume each time  Straining

Have you noticed any difference to the urine itself (odour, blood, etc.) **Yes / No** If yes, describe:

When the housesoiling began, was there a change in your dog's defecation / stools? **Yes / No** If yes check all that apply

Less frequent / often  More frequent  Larger volume (amount) each time  Smaller volume each time  Straining

Have you noticed any difference to the stool itself (odour, colour, blood, mucous, consistency, etc.) **Yes / No** If yes, describe:

## Aggression Screen:

Has your pet ever displayed any of the following?

Threat displays ; Growling ; Bite attempts ; Bites **Yes / No**

If yes to any of the above, how would you describe the problem?

**Getting worse** ; **Staying about the same** ; **Better** ; **Resolved**

What is your pet's response to each of the following:

1. Petting/handling/restraint: **Growled** ; **Attempted to bite** ; **Bitten** ; **Tolerates** ; **Enjoys** .

If any threats or aggression describe when and with whom:

2. Eating food or treats: **Growled** ; **Attempted to bite** ; **Bitten** ; **Tolerates** ; **Enjoys** .

If any threats or aggression describe when and with whom:

3. Chewing toys / stolen objects: **Growled** ; **Attempted to bite** ; **Bitten** ; **Tolerates** ; **Enjoys** .

If any threats or aggression describe when and with whom:

4. Waking up: **Growled** ; **Attempted to bite** ; **Bitten** ; **Tolerates** ; **Enjoys** .

If any threats or aggression describe when and with whom:

5. Visitors / Strangers (on property): **Growled** ; **Attempted to bite** ; **Bitten** ; **Tolerates** ; **Enjoys** .

If any threats or aggression describe when and with whom:

6. Visitors / Strangers (off property): **Growled** ; **Attempted to bite** ; **Bitten** ; **Tolerates** ; **Enjoys** .

If any threats or aggression describe when and with whom:

7. Unfamiliar dogs (on property): **Growled** ; **Attempted to bite** ; **Bitten** ; **Tolerates** ; **Enjoys** .

If any threats or aggression describe:

8. Unfamiliar dogs (off property): **Growled** ; **Attempted to bite** ; **Bitten** ; **Tolerates** ; **Enjoys** .

If any threats or aggression describe:

9. Other family pets: **Growled** ; **Attempted to bite** ; **Bitten** ; **Tolerates** ; **Enjoys** .

If any threats or aggression describe:

**For these and any other forms of aggression please continue to answer the questions below. If your pet has not displayed any signs of aggression (growl, threat, bite attempts, bites) please proceed to principle complaint section below.**

Is aggression the primary reason for today's visit? **Yes / No**

What is the potential for injury? **None – preventable** ; **Minimal** ; **Moderate** ; **Severe** .

Can you predict, avoid or prevent all situations in which aggression might arise? **Yes / No / Uncertain.**

Is the problem serious enough that you will be unable to keep your pet if it is not improved? **Yes / No / Uncertain.**

**Family members:** Is your dog ever aggressive to members of the immediate family? **Yes / No**

**If yes, continue. If no, proceed to stranger aggression.**

To whom has your dog displayed aggression?

Describe the first event (when, where):

Describe the most recent event:

Prior to bites does your pet threaten or show warning signs? **Yes / No**

If yes, describe:

Description of aggression: **threaten, growl, but no bite** ; **single bite and grasp but skin not punctured** ; **single bite deep enough to break skin** ; **multiple bites then stops if stimulus retreats** ; **multiple bites until dog removed from situation** ; **bite, release and then growl / threaten**

Has your dog's bite ever caused sufficient injury to require medical attention? **Yes / No**

If yes, describe:

When your dog threatens or attempts to bite, how do you handle the situation?

What is the dog's reaction?

After your dog has bitten how do you handle the situation?

What is the dog's reaction?

Describe any technique that seems to improve the problem:

Describe any technique that seems to aggravate the problem:

How would you describe your dog's attitude when aggressive?

**bold** ; **protective** ; **possessive** ; **outgoing** ; **fearful** ; **confused** ; **other**  If other, describe:

Describe your dog's expressions & postures at the time of aggression: cower, ears back, tail tucked, hackles raised, retreat, hide:

Additional comments:

**Strangers:** Has your dog ever displayed threats or aggression to strangers? **Yes / No**

**If yes, continue. If no, proceed to aggression to other animals.**

Were the people: **known** ; **strangers**

Were the people: **on your property / indoors** ; **on property outdoors** ; **off property**

Is there a particular person or type (age, sex, uniforms) that your dog is most likely to threaten or bite?

Describe the first event (when, where):

Describe the most recent event:

Is there a particular location or situation where aggression is most likely to occur?

Prior to bites does your pet threaten or show warning signs? **Yes / No**

If yes, describe:

Description of aggression: **threaten, growl, but no bite** ; **single bite and grasp but skin not punctured** ;

**single bite deep enough to break skin** ; **multiple bites then stops if stimulus retreats** ;

**multiple bites until dog removed from situation** ; **bite, release and then growl / threaten** .

Has your dog's bite ever caused sufficient injury to require medical attention? **Yes / No**

If yes, describe:

When your dog threatens or attempts to bite, how do you handle the situation?

What is the dog's reaction?

After your dog has bitten how do you handle the situation?

What is the dog's reaction?

Describe any technique that seems to improve the problem:

Describe any technique that seems to aggravate the problem:

How would you describe your dog's attitude when aggressive?

**bold** ; **protective** ; **possessive** ; **outgoing** ; **fearful** ; **confused** ; **other** . If other, describe:

Describe your dog's expressions & postures at the time of aggression: cower, ears back, tail tuck, hackles raised, retreat, hide:  
Additional comments:

**Aggression to other animals:** Does your dog ever display aggression to other animals? **Yes / No**

**If yes, please continue. If no, please proceed to Principle Complaint.**

Is the aggression toward: **other dogs** ; **cats** ; **other**  If other, list species:

If yes, were these animals: **other family pets** ; **strange / unfamiliar animals**

If yes, was the aggression: **on property indoors** ; **on property outdoors** ; **off property**

Is there a particular species, breed, sex, type, or individual that your dog is most likely to threaten or bite?

Describe the first event (when, where):

Describe the most recent event:

Prior to bites does your pet threaten or show warning signs? **Yes / No**

If yes, describe:

Description of aggression: **threaten, growl, but no bite** ; **single bite and grasp but skin not punctured** ;

**single bite deep enough to break skin** ; **multiple bites then stops if stimulus retreats** ;

**multiple bites until dog removed from situation** ; **bite, release and then growl / threaten** .

Has your dog's bite ever caused sufficient injury to require veterinary attention? **Yes / No**

If yes, describe:

When your dog threatens or attempts to bite, how do you handle the situation?

What is the dog's reaction?

After your dog has bitten how do you handle the situation?

What is the dog's reaction?

Describe any technique that seems to improve the problem:

Describe any technique that seems to aggravate the problem:

How would you describe your dog's attitude when aggressive?

**bold** ; **protective** ; **possessive** ; **outgoing** ; **fearful** ; **confused** ; **other** . If other, describe:

Describe your dog's expressions & postures at the time of aggression: cower, ears back, tail tucked, hackles raised, retreat, hide:  
Additional comments:

**Principle Complaint:**

What is the primary problem? (aggression, destructive, housesoiling, barking, etc.):

If aggression please check all that apply:

to family members ; to strangers ; to other family dogs ; to unfamiliar dogs ; to other animals .

How would you describe the severity of this problem? **Mild / Moderate / Severe**

Have you considered removing your pet from the home if the problem cannot be improved? **Yes / No**

Comment:

*The following questions are required to evaluate the details of your pet's problem. If any of these questions have already been answered in previous sections, please proceed to the next question.*

When did the problem begin?

What age was your pet when this problem started?

Describe any changes in the home or the pet's health when the problem first started:

What do you think caused the problem?

Describe the problem, beginning with the most recent incident:

Describe the first incident and any other pertinent incidents:

How often does the problem occur?

Has there been a recent change in frequency or severity? **Yes / No**

If yes, describe:

What has been done so far to try and correct the problem?

What has been the dog's response?

List any techniques that have been at all successful:

List any techniques that have made the problem worse:

List any drugs and/ or natural supplements or remedies (include dosage) that you have tried so far, and the dog's response (effects, side effects):

## Miscellaneous:

If these are behaviours are undesirable, please comment (if not previously discussed).

Exploratory: **Normal** ; **Infrequent** ; **Increased** ; **Excessive** .

Comment:

Activity: **Normal** ; **Lazy/Inactive** ; **Restless/Won't settle** ; **High active** ; **Overactive** .

Comment:

Sleep: **Normal** ; **Increased** ; **Less frequent** ; **Restless sleep** ; **Night waking** .

If any sleep problems, describe:

Disobedient: Jumps up (owners): **No** ; **Yes, but not a concern** ; **Yes, would like to improve** .

Jumps up (strangers): **No** ; **Yes, but not a concern** ; **Yes, would like to improve** .

Won't come when called: **No** ; **Yes, but not a concern** ; **Yes, would like to improve** .

Nips / grabs with mouth: **No** ; **Yes, but not a concern** ; **Yes, would like to improve** .

Only listens when feels like it: **No** ; **Yes, but not a concern** ; **Yes, would like to improve** .

Pushy / demanding: **No** ; **Yes, but not a concern** ; **Yes, would like to improve** .

Overly demanding / affectionate: **No** ; **Yes, but not a concern** ; **Yes, would like to improve** .

On furniture where not allowed: **No** ; **Yes, but not a concern** ; **Yes, would like to improve** .

In rooms where not permitted: **No** ; **Yes, but not a concern** ; **Yes, would like to improve** .

Stool eating: **Yes / No** If yes: **own stools** ; **other dogs** ; **cats** ; **other** .

If yes describe:

Chasing: **Yes / No** If Yes, Describe:

Hunting/predation: **Yes / No** If Yes, Describe:

Garbage raiding: **Yes / No**; Food stealing: **Yes / No**; Eats non-food items (Pica): **Yes / No**; Licks objects: **Yes / No**

If yes, describe:

Destructive chewing: **Yes / No**; Digging: **Yes / No**; Other:

If yes, describe:

Repetitive / compulsive activity:

Tail chasing **Yes / No**; Sucking **Yes / No**; Star gazing **Yes / No**; Fly chasing **Yes / No**

Light chasing **Yes / No**; Staring **Yes / No**; Other:

If yes, to any of above describe:

Vocalization: Barking **No** ; **Yes, but not a concern** ; **Yes, would like to improve** .

Howling **No** ; **Yes, but not a concern** ; **Yes, would like to improve** .

Whining **No** ; **Yes, but not a concern** ; **Yes, would like to improve** .

If yes, describe:

Grooming: **Normal** ; **Excessive grooming/licking** ; **Self-Injurious** .

If abnormal or excessive describe:

Sexual habits: Masturbation: **No** ; **Yes, but not a concern** ; **Yes, would like to improve** .

Mounting: **No** ; **Yes, but not a concern** ; **Yes, would like to improve** .

Roaming / running away: **No** ; **Yes, but not a concern** ; **Yes, would like to improve** .

Describe any undesirable sexual habits:

Additional problems or comments:

## Medical Screen

Does your pet have any other medical problems? **Yes / No**

If yes, describe:

Is your pet presently on any medication? **Yes / No**

If yes, describe (include name, dosage, duration):

Has your pet had any laboratory tests (blood, urine, X-rays etc.)? **Yes / No**

If yes, indicate any abnormal findings:

Appetite: **Normal** ; **Voracious** ; **Increased** ; **Eats fast** ; **Picky** ; **Decreased** .

Comments:

Does your pet drink excessively? **Yes / No**

If Yes, describe (how often, how much):

Does your pet have arthritis or other painful conditions? **Yes / No**

If yes, describe condition and treatment:

Have you noticed any deficits in your pet's senses? **Yes / No**

If yes, describe:

How often per day does your pet defecate?

Describe your pet's stools (check all that apply):

**Normal** ; **Constipation** ; **Less frequent** ; **More frequent** ; **Soft/diarrhea**

If abnormal describe:

How often per day does your pet urinate?

Describe your pet's urination: (check all that apply):

**Normal** ; **Infrequent** ; **More frequent** ; **More volume**

If abnormal describe:

**Please have your veterinarian complete the medical section questionnaire on our website and submit any recent laboratory tests prior to your visit.**