

# BEHAVIORAL QUESTIONNAIRE

Please review this entire questionnaire first, then go back and answer the questions as thoroughly as possible.  
If there was an incident (such as a bite), if possible, please ask those who were present for input as well.

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
Dog's Name

What is the main issue you are concerned about? (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Aggression toward unfamiliar dogs  | <input type="checkbox"/> Aggression toward another dog or pet in the home  |
| <input type="checkbox"/> Aggression toward family member(s) | <input type="checkbox"/> Guarding food/toys/possessions/other              |
| <input type="checkbox"/> Aggression toward visitors         | <input type="checkbox"/> Aggression toward unfamiliar people in public     |
| <input type="checkbox"/> Aggression when handled/picked up  | <input type="checkbox"/> Aggression toward vet/groomer/petsitter/dogwalker |
| <input type="checkbox"/> Other: _____                       |  |

When did this behavior start? (approximate date or how long ago) \_\_\_\_\_

Please check off any of the following that coincided with the change in your dog's behavior:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Person moving out of home                            | <input type="checkbox"/> New person/baby in home      | <input type="checkbox"/> New pet in home              |
| <input type="checkbox"/> Pet in home dying/lost/rehomed                       | <input type="checkbox"/> Change in owner's work hours | <input type="checkbox"/> Change in amount of exercise |
| <input type="checkbox"/> Recent vaccination                                   | <input type="checkbox"/> Put on new medication        | <input type="checkbox"/> Medical treatment/surgery    |
| <input type="checkbox"/> Environmental change<br>(e.g., construction in home) | <input type="checkbox"/> Moved to new location        | <input type="checkbox"/> Change in diet/new treats    |
| <input type="checkbox"/> Use of physical corrections                          | <input type="checkbox"/> Sent dog away for training   | <input type="checkbox"/> Less time to spend with dog  |
| <input type="checkbox"/> Other/Further Description:<br>_____<br>_____         |   |   |

Please provide a general description of the issue, including as much specific information as possible:

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What, if anything, has been done to address the issue so far?

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If steps have been taken to address the issue, did your dog's behavior improve, worsen, or stay the same?

- Improved somewhat
- Became somewhat worse
- Stayed the same
- Comment: \_\_\_\_\_
- Improved greatly
- Became much worse

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If your dog has threatened or bitten another dog, please check all that apply.

- Growls, lunges, and/or barks at other dogs on walks
- Has air-snapped at another dog (no contact)
- Growls, lunges, and/or barks at another dog in home
- Bit another dog while your dog was on leash
- Bit another dog while your dog was off leash
- Play between dogs at home escalates into fights
- Bit another dog, drew blood (for example, torn ear)
- Bit another dog, inflicted puncture wound
- Bit another dog, inflicted multiple puncture wounds
- Tried to kill other dog (e.g., “grab and shake”)
- Other: \_\_\_\_\_
- \_\_\_\_\_

If your dog has threatened or bitten a person, please check all that apply.

- Threatened (for example, growled, barked, air-snapped, lunged at) family member, but no bite
- Threatened (for example, growled, barked, air-snapped, lunged at) stranger in public, but no bite
- Threatened (for example, growled, barked, air-snapped, lunged at) visitor to home, but no bite
- Bit family member, no broken skin
- Bit family member, broke skin (tear)
- Bit family member, single puncture wound
- Bit family member, multiple puncture wounds
- Bit stranger in public, no broken skin
- Bit stranger in public, broke skin (tear)
- Bit stranger in public, single puncture
- Bit stranger in public, multiple puncture wounds
- Bit visitor, no broken skin
- Bit visitor, broke skin (tear)
- Bit visitor, single puncture
- Bit visitor, multiple puncture wounds
- Bit vet or vet tech
- Bit groomer
- Bit dogwalker/petsitter
- Other/Further Description: \_\_\_\_\_
- \_\_\_\_\_

For each specific incident, please provide the following information. (Copy this section on to another page if you need to provide information about more than one incident.)

Date of incident \_\_\_\_\_ Location of incident \_\_\_\_\_

Who was present? \_\_\_\_\_

What other dogs/animals were present? \_\_\_\_\_

Was your dog on leash?  Yes  No If so, who was holding the leash? \_\_\_\_\_

What preceded the incident? \_\_\_\_\_

Had your dog been feeling well prior to the incident? \_\_\_\_\_

Did your dog give any warning signals? If so, what were they? \_\_\_\_\_

If there was a bite:

What was the location on the body? \_\_\_\_\_

Did it cause bruising?  Yes  No

Was there bleeding (torn skin)?  Yes  No

Was there a puncture wound?  Yes  No

Were there multiple puncture wounds?  Yes  No

Did the dog bite, latch on and shake his head from side to side, not letting go?  Yes  No

How did the incident end (for example, pulled dogs apart, one dog walked away, person ran away)?

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What happened right after the incident (for example, put dog in yard, hit dog, dog lay down, dog looked “guilty”)?

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If there was a bite, was medical help sought?  Yes  No

If there was a bite, was it reported?  Yes  No

If there was a bite, was legal action taken?  Yes  No

Which of the following best describes your feelings about your dog's behavior issue?

- The problem is not serious, but I am curious about what you would suggest.
- I would like to change the problem, but it is not that serious.
- The problem is somewhat serious. I would like to change it, but if it remains unchanged we will live with it.
- The problem is very serious. I would like to change it, but if it remains unchanged I will keep my dog.
- The problem is extremely serious. I would like to change it; if it remains unchanged I will give my dog up or have him/her euthanized.
- Other: \_\_\_\_\_  
\_\_\_\_\_

Is there anything else you feel we should know?

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*Thank you for taking the time to complete this questionnaire.*

*Please return it with the Client Information Form.*