

Behavioral Questionnaire

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| **Pet(s)** name(s): |
| **Client(s)** name(s): |

**What is/are the behavior issue(s) you are concerned about? (Mark all that apply.)**

O Nervous reaction to many sounds O Afraid to let me touch/pick up – moves away/cowers

O Afraid of new things O Afraid of moving hands, shovels etc

O Never settles down/nervous energy/hyperactive O Mouthing, nipping when upset (more than poor manners)

O Other:

**What is/are the aggression issue(s) you are concerned about? (Mark all that apply.)**

O Aggression toward unfamiliar dogs O Aggression toward another dog or pet in the home

O Aggression toward family member(s) O Guarding food/toys/possessions/other

O Aggression toward visitors O Aggression toward unfamiliar people in public

O Aggression when handled/picked up O Aggression toward vet/groomer/petsitter/dogwalker

O Other:

**When did this behavior start? (approximate date, situation or how long ago):**

**Please mark any of the following that coincided with the change in your dog’s behavior:**

O Person moving out of home O New person/baby in home O New pet in home

O Pet in home dying/lost/rehomed O Change in owner’s work hours O Change in amount of exercise

O Recent vaccination O Put on new medication O Medical treatment/surgery

O Environmental change O Moved to new location O Change in diet/new treats

(e.g., construction in home)

O Use of physical corrections O Sent dog away for training O Less time to spend with dog

O Other/Further Description:

**Please provide in your own words a general description of the issue:**

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

O Threatened (for example, growled, barked, air-snapped, lunged at) family member, but no bite

O Threatened (for example, growled, barked, air-snapped, lunged at) stranger in public, but no bite

O Threatened (for example, growled, barked, air-snapped, lunged at) visitor to home, but no bite

O Bit family member, no broken skin O Bit family member, broke skin (tear)

O Bit family member, single puncture wound O Bit family member, multiple puncture wounds

O Bit stranger in public, no broken skin O Bit stranger in public, broke skin (tear)

O Bit stranger in public, single puncture O Bit stranger in public, multiple puncture wounds

O Bit visitor, no broken skin O Bit visitor, broke skin (tear)

O Bit visitor, single puncture O Bit visitor, multiple puncture wounds

O Bit vet or vet tech O Bit groomer O Bit dogwalker/petsitter

O Other/Further Description:

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

O Growls, lunges, and/or barks at other dogs on walks O Has air-snapped at another dog (no contact)

O Growls, lunges, and/or barks at another dog in home O Bit another dog while your dog was on leash

O Bit another dog while your dog was off leash O Play between dogs at home escalates into fights

O Bit another dog, drew blood (for example, torn ear) O Bit another dog, inflicted puncture wound

O Bit another dog, inflicted multiple puncture wounds O Tried to kill other dog (e.g., “grab and shake”)

O Other:

**If there was a bite:**

What was the location on the body?

Did it cause bruising? O Yes O No Was there bleeding (torn skin)? O Yes O No

Was there a puncture wound? O Yes O No Were there multiple puncture wounds? O Yes O No

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

Was medical help sought? O Yes O No

**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? O Yes O 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?

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

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

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

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

O Improved somewhat O Improved greatly

O Became somewhat worse O Became much worse

O Stayed the same

**Which of the following best describes your feelings about your dog’s behavior issue?**  
 O The problem is not serious, but I am curious about what you would suggest.

O I would like to change the problem, but it is not that serious.

O The problem is somewhat serious. I would like to change it, but if it remains unchanged we will live with it.

O The problem is very serious. I would like to change it, but if it remains unchanged I will keep my

dog.

O 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.

O Other:

**Is there anything else you feel I should know?**

*Thank you for taking the time to complete this form. Your answers will allow me to help you better.*

***Please send it to me in time for me to read and prepare before our appointment.***

*For emailing the questionnaire:* [*stine\_theede@yahoo.com*](mailto:stine_theede@yahoo.com)

*For texting it: 208-860-5919*

*For mailing it: Get a Grip \* 9500 W Marigold St. \* Garden City, ID 83714*

***I look forward to meeting with you and your dog.***

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