

**BETHEL
VETERINARY
HOSPITAL**

Behavior Questionnaire (Dog)

Last Name: _____ Name of pet: _____ Date: _____

Breed: _____ Sex: **M** or **F** Neutered? Y or N

Age when neutered: _____

Current age: _____ Age when obtained: _____ Source (breeder, pet store, etc): _____

Please list other animals of the household and their ages: _____

How many times a day is your dog fed? _____ How much? _____ What brand? _____

Where does your dog sleep? _____

Does your dog have any medical problems? Y or N What are they? _____

How many hours is your dog home alone on an average day? _____

Is your dog crated? Y or N How many walks/day? _____ How long? _____ Activity level? _____

Time running loose? _____

Activities (obedience training, agility, fly ball, etc)? _____

Does your dog know any commands? % of time your dog responds to commands:

What toys does your dog have? _____

Is your dog house trained (does your dog eliminate in the house –urination/defecation)?

Does your dog bark excessively? When? _____

Does your dog exhibit any repetitive behaviors (excessive licking, spinning, tail-chasing, snapping at the air, staring)? Yes or No

If yes, when and how often and how long does this behavior occur? _____

What type of correction methods have you used? (water squirt gun, yelling, shock collar, ignoring the behavior, using a Gentle Leader, hitting the dog, using a choke collar, obedience training, reassurance, confinement, avoiding certain situations, medications, etc) _____

Has your dog harmed any person or other animal? _____

Is your dog aggressive? Please describe when (around food, strangers, children, doorways, being examined, toys, garbage, etc) _____

When does your dog act anxious? (alone, with new people, new places, being examined, around other dogs, etc)

What are the behavioral issues with your dog? Please indicate which issues you consider serious, very serious, or not serious. _____
