

**BETHEL
VETERINARY
HOSPITAL**

Behavior Questionnaire (Dog)

Last Name: _____ Name of pet: _____ Breed: _____

Sex: Male Female Neutered?: Yes No Age when neutered: _____

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

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

Please list other members of the household, genders and their ages: _____

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

Any changes to your pet's eating habits? Yes No If yes, what changes? _____

Where does your dog sleep? _____ Any changes in sleeping habits? Yes No

If yes, what changes? _____

Does your dog have any medical problems? Yes No What are they? _____

Any changes to bathroom habits? Yes No If yes, what changes? _____

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

Is your dog crated? Yes No 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 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.) _____

Are you able calm your pet in a reasonable period of time after a stressful event? Yes No

Is your pet exhibiting any behavior that is negatively affecting your relationship? Yes No
If yes, explain: _____

Has your dog harmed any person or other animal? _____

Has your dog shown any negative reaction to any of the following (check all that apply):
loud noises guests strangers other animals moving objects thunder
fireworks vet visits grooming boarding other _____

Have there been any recent changes in the home? Yes No

Do you anticipate any future changes in the home? Yes No

Does your pet cause any destruction to your home or environment that you view as abnormal?
Yes No
If yes, explain: _____

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.
