



INTOWN VETERINARY GROUP

Bulger Animal Hospital ▪ Essex County Veterinary Referral Hospital ▪ Massachusetts Veterinary Referral Hospital
Muddy Creek Animal Care Center ▪ Port City Veterinary Referral Hospital

Canine Behavior & History Form

Please fill out the following questionnaire and return it **prior** to your appointment (e-mail or fax preferred, but you can mail it in). Please include any relevant blood work and medical records, or bring them with you to the appointment. If you are able to provide a video of your pet's behavior issue that is also very helpful.

Email: kwrubel@intownvet.com (this method is preferred).

Fax: (781) 897-6922

Mail:

Essex County Veterinary Referral Hospital 247 Chickering Road N. Andover, MA 01845 Phone: (978) 725-5544 Fax: (978) 975-0133	Massachusetts Veterinary Referral Hospital 20 Cabot Road Woburn, MA 01801 Phone: (781) 932-5802 Fax: (781) 932-5837	Port City Veterinary Referral Hospital 215 Commerce Way, suite 100 Portsmouth, NH 03801 Phone: (603) 433-0056 Fax: (603) 433-0029
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Contact Information

Appointment Date/Time:
Name:
Street Address/P.O. Box:
City: State: Zip:
Email Address:
Home Phone Number:
Work Phone Number:
Cell Phone Number:

Please Enter Your Dog's Information

Dog's Name:
Dog's Current Age:
Dog's Age When Obtained:

Dog's Breed (or best guess):		
Dog's Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Spayed/Neutered :	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Age at Spay/Neuter:		
Dog's Weight:		
Where did you get your dog from?:		

Medical History

List any medical problems your dog currently has:

List any medical problems your dog had in the past:

Does your dog have annual veterinarian visits? **Yes** **No**
 I can't take him/her because of behavior issue

List all medications your dog is currently taking (include dosage if known):

If your dog has any food allergies, please list:

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List names, genders, and ages (if under 21) of people living in the home:

List other pets in the home. Include name, species, breed, age, gender, spay/neuter status, and if obtained before (B) or after (A) your pet with the behavior issue.

Behavior Description & History

Please describe your dog's behavior issue.

When did the behavior first occur and how old was your dog at the time?

Is there anything you can think of that coincided with the behavior starting (e.g. addition of new pet, moved, new family member, death of a family member or pet, work hours changed, etc.)?

Please describe the last time the behavior occurred in detail. Provide information on what was happening at the time, including the location, time of day, who was present, any animals present, and how you or the other person present reacted to the behavior.

How long does an episode of the behavior last?

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How frequently does the behavior occur? Choose the most appropriate time frame and put in a number:

<input type="text"/> Episodes/Year	<input type="text"/> Episodes/Week	<input type="text"/> Episodes/Day
<input type="text"/> Episodes/Month	<input type="text"/> Episodes/Hour	

The behavior has (Check all that apply):

<input type="checkbox"/> become more frequent	<input type="checkbox"/> become more intense	<input type="checkbox"/> increased in duration
<input type="checkbox"/> stayed the same	<input type="checkbox"/> become less frequent	<input type="checkbox"/> become less intense
<input type="checkbox"/> decreased in duration		

Are there triggers for your dog's behavior issue? If so, please list:

Can you interrupt your dog's behavior?

___ Yes

___ No

___ Sometimes

What methods have you used to stop the behavior? What has worked and what hasn't?

Have you punished your dog for his/her behavior issue? If so, what methods of punishment have you used?

Does your dog urinate or defecate in the house? If so, please provide details such as if its urination/defecation/both, the frequency, and the location.

Does your dog frequently escape from the yard or home?

Please check the appropriate box:	Don't Know	No	Yes
Did you acquire your dog after 3 months of age?			
Did you acquire your dog at 5 weeks of age or less?			
Was your puppy orphaned or hand-raised?			
Was your dog the single puppy in the litter?			
Was your dog acquired from a shelter or pound?			
Was your dog acquired from a rescue group?			
Was your dog from a puppy mill or backyard breeder?			
Was your dog acquired from a pet shop?			
Has your dog had multiple owners during his/her life?			
Was your dog confined for long periods of time in your home or a previous home?			
Was your dog kenneled, tied up, or confined to a small area for long periods of time in your home, or a previous home.			

Based on Cottam et. Al. (2008). Comparison of remote vs. in-person behavioral consultation for treatment of canine separation anxiety. J Appl Anim Welf Sci, 11:1, 28-41.

Did your dog's parents or siblings engage in similar behavior or any abnormal behavior?

Interactions with People & Other Animals

How would you describe your dog's personality, temperament, or general mood (eg: playful, standoffish, nervous, happy, friendly, fearful, etc.)?

How does your dog get along with human family members?

How does your dog get along with other pets in the home?

How does your dog respond to strangers or visitors *in your home*?

How does your dog respond to strangers or visitors *away from your home*?

How does your dog act when he/she meets strange dogs and both are on leash?

How does your dog act when he/she meets strange dogs and both are off leash?

How does your dog act when he/she meets strange dogs and he/she is leashed and other dog is free?

Does your dog like or dislike certain types of dogs based on their size, breed, or temperament? If so, please list and specify if like (L) or dislike (D):

Does your dog cower or run away if people are loud, rough-housing, or if they move suddenly?
 Yes No Sometimes

Is your dog comfortable in crowds?
 Yes No

Is your dog particularly fearful or anxious around certain types or genders of people? If so, please list:

How does your dog behave at the veterinarian's office?

Behavior Observations

My dog is excessively frightened by : (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> thunderstorms | <input type="checkbox"/> fireworks | <input type="checkbox"/> car rides |
| <input type="checkbox"/> white lab coats that vets wear | <input type="checkbox"/> gunshots | <input type="checkbox"/> slippery floors |
| <input type="checkbox"/> flies or insects | <input type="checkbox"/> trucks or motorcycles | |
| <input type="checkbox"/> skateboards or bicycles | <input type="checkbox"/> loud appliances | |
| <input type="checkbox"/> loud noises | <input type="checkbox"/> stairs | |
| <input type="checkbox"/> beeping noises | <input type="checkbox"/> other | |

If Other, please list or describe:

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My dog chases : (Check all that apply)

running children joggers bicyclists or skateboarders
 cars cats or small animals

My dog urinates or rolls over on his/her back when greeting: (Check all that apply)

N/A, my dog doesn't do this
 myself or other family members strangers strange dogs

Does your dog bark excessively? If so, what triggers his/her barking?

Does your dog eat feces?

Yes No

If so, please explain:

Does your dog dig excessively?

Yes No

If so, please explain:

Does your dog engage in destructive chewing?

Yes No

If so, please explain:

Does your dog demand to be petted?

Yes No Sometimes

Does your dog solicit attention by leaning on you or pawing at you?

Yes No Sometimes

Does your dog solicit attention by repeatedly barking at you or whining?

Yes No Sometimes

Does your dog ever seem irritated by or resent petting?

Yes No Sometimes

If Yes or Sometimes, please describe:

Does your dog every mount people or other animals?

Have you or family members seriously considered rehoming your dog due to the behavior issue?
 Yes No

Have you or family members seriously considered euthanizing your dog due to the behavior issue?
 Yes No

Lifestyle

Describe a typical day's schedule for your dog:

Where does your dog live?
 Indoors Outdoors

What do you feed your dog? Include primary food and if table scraps, treats, or other foods are given. How much do you feed and how often is your dog fed daily?

How often does your dog get let outside?

Where is your dog kept during the day? If he/she is kenneled, gated or fenced-in, for how long?

Where does your dog sleep?

How much exercise does your dog get? Include off-leash exercise, on-leash exercise, and other types of physical activity.

How much daily playtime does your dog get? With whom/which pet?

Training

Has your dog attended obedience classes or any other type of training activities/classes? Please list:

What obedience commands does your dog know? Do they always comply (A), usually comply (U), rarely comply (R), or never comply (N)?

List situations in which your dog is less likely to obey you:

Does your dog know any tricks? Please list:

My dog works for : (Check all that apply)
___ food or treats ___ balls, frisbees, or toys ___ praise or attention
___ petting ___ no reward

What are your dog's top 3 favorite things or things to do?

Please read the following two sections & fill them out if your dog has ever engaged in any of these behaviors. If not, please skip these sections.

Section I: If your dog has ever been aggressive in any context to animals or people (this includes lunging, growling, lip lifting, snapping, and biting), please answer the questions in section I.

Section II: If you suspect that your dog has Separation Anxiety (for example he/she engages in destructive behavior, inappropriate elimination, or excessive barking when you are not home), please answer the questions in section II.

Section I:

If your dog has ever been aggressive in any context to animals or people (this includes lunging, growling, lip lifting, snapping, and biting), please answer the following questions. Otherwise skip to the next section.

Is your dog more aggressive when on leash? ___ Yes ___ No

Please check the appropriate box if your dog has exhibited any of the behaviors below at any time when you or any family member did the following (check the most severe reaction observed):

	Not Tried	No Response	Growl	Lift Lip	Snap	Bite
Hugged dog						
Pet dog						
Groomed dog						
Walked by when dog eating food/delicious treat or sitting with toy						
Put hand in food						
Added food while dog eating						
Took away real bone, delicious food, or rawhide						
Removed dog from bed or furniture						
Took away a stolen object						
Physically woke or disturbed dog when resting						
Restrained dog when he/she wanted to go somewhere						
Clipped leash on or off						
Picked up or lifted dog						
Medicated dog						
Handled dog's face, mouth, or muzzle						
Pet dog's head						
Handled dog's feet or trimmed dog's toenails						
Bathed or toweled off dog						
Took off or put on collar						
Pulled dog back by collar or scruff						
Hit dog						
Stared at dog						
Reprimanded dog in a loud voice						
Held dog by muzzle						

	Not Tried	No Response	Growl	Lift Lip	Snap	Bite
Visually threatened dog with newspaper or hand						
Reached for or grabbed dog by collar						
Walked by dog in crate						
Walked by dog on furniture or dog bed						
Made dog respond to command						
Physically rolled dog over on back						
Stood over or loomed over dog						

Based on Uchida et. al (1997). Characterization and treatment of 20 canine dominance aggression cases. *J Vet Med Sci*, 59:5, 397

If your dog is aggressive towards one family member, or certain family members, please list:

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How severe has the aggression been? Check the highest level that applies:

<input type="checkbox"/> Level 1:	Growling, lunging, snarling but no teeth touched skin. Mostly intimidation behavior.
<input type="checkbox"/> Level 2:	Teeth touched skin but no puncture wounds. May have left marks or minor scratches from paws/nails (minor surface abrasions).
<input type="checkbox"/> Level 3:	Punctures were half the length of a canine tooth, resulting in one to four holes from a single bite. No tearing or slashes. Victim was not shaken side to side.
<input type="checkbox"/> Level 4:	One to four holes from a single bite, one hole was deeper than half the length of a canine tooth. Contact/punctures were from more than the canine teeth. Resulting in tears and/or slashing wounds. Dog clamped down and shook or slashed victim.
<input type="checkbox"/> Level 5:	Multiple bites at Level 4 or above. A concerted, repeated attack.
<input type="checkbox"/> Level 6:	Any bite resulting in death.

Has the aggression resulted in injuries that required veterinary or medical attention?

No **Yes, Once** **Yes, Multiple times**

If your dog has bitten: A biting episode is typically: (Check all that apply)

- quick, without warning**
- preceded by growling, posturing, back hair standing up, or other display**
- followed by remorseful behavior by your dog**
- resulting in multiple bites**
- resulting in a single bite**
- followed by barking, lunging, or other displays by your dog**

If your dog has bitten, where were the bites located?

Section II:

If you suspect that your dog has Separation Anxiety (for example he/she engages in destructive behavior, inappropriate elimination, or excessive barking when you are not home), please check the appropriate box. Otherwise, skip this section.

	No	Mild	Moderate	Severe
Does your dog follow you around from room to room for most of the day?				
Does your dog become anxious at the sound of car keys, or when you put on your coat or shoes?				
Does your dog shake, tremble, shiver, or pace when you prepare to leave or following your departure?				
Does your dog become aggressive as you prepare to leave (mouthing, nipping, blocking doorways, etc.)				
Does your dog exhibit other behavior issues as you prepare to leave?				
Does your dog bark, whine, or howl excessively within 30 minutes of your departure?				
After you leave, does your dog's activity greatly decrease or does he/she appear depressed?				
After you leave, does your dog have a loss of appetite?				
Does your dog destroy property or damage the house only when you are gone (ex: chewing, scratching, digging, etc.)				
Does your dog urinate or defecate in your home only when you are gone?				
Does your dog excessively lick him/herself or other objects/furniture in the home only when you are gone?				
Does your dog salivate excessively only when you are gone?				
Does your dog regularly have diarrhea or vomiting only when you are gone?				
Does your dog engage in self-injurious behavior only when you are gone?				
Does your dog exhibit excessive greeting behavior upon your return (jumping, hyperactivity, whining, or barking for more than 2-3 minutes)?				
Does your dog jump out of windows or break through doors only when you are gone?				

Based on Cottam et. al (2008). Comparison of remote vs. in-person behavioral consultation for treatment of canine separation anxiety. Appl Anim Welf Sci, 11:1, 28-41.

Will your dog injure him/herself if crated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My dog is especially bonded to: (check all that apply)		
<input type="checkbox"/> One person in the family	<input type="checkbox"/> More than one person in the family	
<input type="checkbox"/> N/A, my dog bonds with anyone and is fine as long as someone is in the room with him/her		
What does your dog do if denied access to you or another family member while you/they are home (eg: door closed, barrier up, etc.)?		

Thanks for your time! We look forward to meeting you and your dog.