

## Behavioral Medicine Clinic

The Ohio State University Veterinary Medical Center

601 Vernon L. Tharp St., Columbus, OH 43210

Phone: **614-292-3551** Fax: **614-292-1454**

Email: *OSUVET.BehaviorMedicine@osu.edu*

### BEHAVIOR QUESTIONNAIRE FOR DOGS

*Please complete this form and return it by email or fax at least  
**THREE TO SEVEN DAYS** before your appointment.  
The return of this form is a **CRUCIAL** part of your pet's appointment.  
You will receive a \$20 discount for returning this form on time.*

Date/Time of appointment:

**Patient Info:**

Pet's name:

Breed:

Age:

Date of birth:

Sex:

Neutered/Spayed? Y / N

**Owner Info:**

Last name:

First name:

Street address:

City, State, ZIP:

Preferred phone:

Secondary phone:

Email:

**Who is your regular veterinarian?**

Dr.

Clinic Name:

Street address:

City, State, ZIP:

Phone:

Fax:

Email:

Please have your pet's veterinary records emailed or faxed to  
[OSUVET.BehaviorMedicine@osu.edu](mailto:OSUVET.BehaviorMedicine@osu.edu) or ATTN: Behavior to 614-292-1454.

Who referred you to us?

Who is your **preferred pharmacy** if local prescriptions need to be filled for your pet:

**HOME ENVIRONMENT**

Please list the people, including yourself, living in your household:

Name	Age	Sex	Relationship (i.e. self, spouse)	Occupation (Optional but sometimes helpful)	Average # of hours away from home per day	Quality of relationship with dog

**HOME ENVIRONMENT, cont.**

Please list **all** the animals in the household in the **sequence they were obtained**:

Name	Species	Breed	Sex	Neutered?	Age obtained	Age now	Quality of relationship with dog

**BEHAVIOR HISTORY**

Please fill out the table below in regard to your dog's primary behavior problems and other problems you would like addressed.

<b>Problem – Please include dates and details of recent incidents</b>	<b>Age at which problem began</b>

## BACKGROUND INFORMATION

1. How long have you had your dog?
2. How old was your dog when you first acquired him/her?
3. Where did you get your dog?
4. Has this dog had other owners?  Yes  No If yes, how many?
5. Why was the dog given up by the previous owners?
6. Why did you acquire this dog?
7. Did you meet your dog's parents or do you have any information about littermates?  Yes  No  
If so, please describe:
8. Was a temperament test performed? Yes  No  Unknown   
If yes, please describe the results:
9. Briefly describe your dog's behavior as a puppy (e.g. activity level, response to instructions):

## INTERACTIONS WITH OTHER ANIMALS

1. What is your dog's relationship with the other animals in your household?
2. What is your dog's response to unfamiliar dogs?
3. Does your dog interact with other dogs, besides those in your household, on a regular basis? If so, when and where?
4. What is your dog's response to cats or other small animals outside your household?

### INTERACTIONS WITH HOUSEHOLD MEMBERS

Please tell us if there is any aggression in the following circumstances to any members of your household. This may include growling, showing teeth, lunging, nipping, snapping, or biting. **Please fill in the chart with “Y” if there has been any aggression to any family member in each circumstance, “N” for no aggression, and N/A if the circumstance does not apply.**

HOUSEHOLD MEMBERS	Female adults	Male adults	Children	Specific person	Details
Petting or reaching for dog					
Hugging or kissing dog					
Bending over or staring at dog					
Bathing, grooming or toweling dog					
Disturbing dog when resting					
Pushing or calling dog off furniture					
Giving verbal or physical corrections					
Approach/interact when dog is eating					
Approach/interact when dog has bone or other chew item					
Putting on leash or collar					
Lifting dog					

### INTERACTIONS WITH NON-HOUSEHOLD MEMBERS

Please tell us if there is any aggression in the following circumstances to any person who is not a member of your household. This may include growling, showing teeth, lunging, nipping, snapping, or biting. **Please fill in the chart with “Y” if there has been any aggression in each circumstance, “N” for no aggression, and N/A if the circumstance does not apply.**

NON-HOUSEHOLD MEMBERS	Female adults	Male adults	Children	Specific person	Details
Petting or reaching towards dog					
Bending over or staring at dog					
Entering your house or yard					
Enter/exit any room in your home					
Passing when dog is on leash					
Passing when dog is in the car					
Interacting w/ dog on leash					
Interacting w/ dog away from home					
Putting on leash or collar					
Running/jogging/biking					

What is your dog’s response to visitors?

Frequent visitors	Occasional visitors	Rare visitors	Repair/Delivery persons

## FEARS AND ANXIETIES

Please complete the table below. Please check all that apply.

Circumstance	Defecates	Urinate	Salivates	Dilates Pupils	Trembles	Tucks Tail	Hides	Escapes	Destroys	Vocalizes
Dog is home with family member										
Dog is home alone										
Dog is home alone with another pet										
Dog is home with family but separated from family members										
Dog is home alone confined to a crate										
Dog is at veterinary office										
Dog is at groomer's										
Fireworks										
Thunderstorms										
Loud noises										
Flashes of light										

Please list any specific stimuli (i.e., men, umbrellas, traffic noises) your dog seems to be afraid of:

## TREATMENT

This questionnaire is designed to help us evaluate any role previous treatment may play in either your dog's problems or in their resolution. Please check the items below that were recommended and/or attempted. **If your dog responded aggressively or with fear as a result of the use of any of these methods please indicate this response in the "outcome" column.**

Recommendation	Tried (Y/N)	Outcome (Aggression, fear, improved behavior, worsened behavior, etc.)
Stare at or "stare down"		
Grab by jowls/scruff +/- shake		
Shake or throw a can		
Step on leash or choke collar and force down		
"Time out" (if done, specify where, when, and for how long)		
Metal choke or pronged collar		
Water pistol / spray		
Halti or Gentle Leader head collar		
No-pull Harness (i.e. Easy Walk)		
Bark or remote-activated shock collar		
Invisible/electric fence (inside or out)		
Citronella spray collar		
Forced exposure to frightening stimuli		
Knee dog in chest/ belly for jumping		
Hit or kick dog		
Growl at dog		
"String up" or hang by leash and collar		
Rub dog's nose/face into urine, feces or destruction		
Tie or tether on short lead hooked to wall or floor		
Yell "no" at dog		
"Alpha roll" (hold on back, put down on back)		
"Dominance down" (hold on side, legs extended, head flat)		
Crate		
Sit or Lie down for extended period		
Agility or other sport activity		
Use of food or puzzle toys (Kongs, etc)		
Praise for good behavior		
Food rewards for good behavior		
Kennel outdoors		
Tether/tie out on a line in yard		
Use of muzzle at home or on walks		
Teach dog "look" or "watch me"		
Increase play/exercise		
Clicker training		
Avoidance of stimuli that trigger fear or aggression		
Feed meals by hand		
Remove food bowl while eating		
Pheromones (DAP, Comfort Zone)		
Anything else that was tried?		

## ENVIRONMENT

1. What type of area do you live in (Urban, suburban, etc.)?
2. What type of home do you live in (studio, apartment, house)?
3. Do you have a yard?  Yes  No  
If so, what type of fence do you have?
4. What is the height of your fence?
5. Has your household changed since acquiring your dog?  Yes  No  
If so, how?

## DAILY SCHEDULE

1. How many times is your dog **walked on a leash** per day (*Circle one*)?  
0 1 2 3 4 5 6 7 8 >8
2. What is the **average length of each leash walk** (please do not include yard time)?
3. How many times is your dog let out in the yard each day (*circle one*)?  
0 1 2 3 4 5 6 7 8 >8

On average, for how long?

Does someone go out with the dog?  Yes  No

How many hours per day does your dog spend **OUTDOORS unsupervised**?

Does your dog have access to the outside through a dog door?  Yes  No

4. Where is your dog when home **alone**? (i.e. confined to a room or crate, loose in the house, outdoors, etc.)
5. Do you limit your dog's access to any part of the house when you **are** home? If so, please explain:
6. Where is your dog when you have guests? Please indicate whether this is by choice, or whether you put him/her there.
7. How do you play with your dog?
8. Does your dog ever eliminate in the house?  Yes  No  
If so, does he or she:  Urinate  Defecate  Both  
Does the elimination occur primarily:  When you are home  When the dog is home alone  Both

9. How does your dog behave as you prepare to leave?

10. How does your dog behave when you return?

11. Where does your dog sleep at night?

12. What is a typical day (24 hours) in the pet's life like?

Please start with where the pet is when you wake up in the morning.



## DIET AND FEEDING

1. What do you feed your dog? (Please be specific, i.e. brand name, canned vs. dry)
2. How many meals is your dog fed each day?
3. Where is your dog's food bowl?
4. If other animals eat at the same time, describe the arrangement (e.g. same room, separate rooms, etc.)
5. Does your dog finish each meal?  Yes  No
6. Does someone have to be present for your dog to eat?  Yes  No
7. Does your dog have any food allergies or diet restrictions?  
If so, please describe:  Yes  No
8. Is water available to your dog 24 hours a day?  
If no, why not?  Yes  No

## MEDICAL HISTORY

1. At what age was your dog neutered/spayed (if applicable)?  
Reason:
2. If your dog is not neutered has he/she ever been bred?  Yes  No  Unsure
3. Are you planning to breed your dog?  Yes  No  Unsure
4. Is your pet currently receiving heartworm and flea/tick prevention?  Yes  No  
If so, please list the type:
5. Do you ever use the following medications/treatments for your dog?  
 tramadol (pain medication)  Preventic collar
6. Is your pet on any medications at this time?  
If so, please specify:

## MEDICAL PROBLEMS:

Please list any previously diagnosed medical problems and how they were treated.

Date	Diagnosis	Treatment (including medications and dosage)	Outcome

Please list any **BEHAVIORAL** medications/supplements you have administered to your pet:

Date	Treatment	Outcome

## TRAINING

1. Has your dog ever attended a training class or had a trainer come to your home?  Yes  No  
If so, please give details (when, where, age of dog, who trained dog)

2. What method of training was used (i.e. clicker training, leash corrections, special collars, etc.)

3. Name of trainer?

4. Have you done any specialized training with your dog (i.e. agility, tracking, fly ball)?

5. How did your dog perform in training class?

6. Does your dog have any titles/awards?

7. Have you consulted any other behavior specialists prior to your appointment with us?  Yes  No  
If so, who?

8. What tasks will your dog reliably perform on verbal cue?

- Sit    Lie down    Come    Wait    Stay    Heel (not pulling)    Watch  
 Fetch    Drop it    Other:

9. How did you housetrain your dog?

10. Did you have any difficulties house-training your dog?  
If so, please describe:

11. Have you ever used a crate?  Yes  No  
If yes, do you continue to use it?  Never  Rarely  Sometimes  Frequently

## MISCELLANEOUS

1. Does your dog ever mount people, dogs or objects?  Yes  No  
If so, who/what and how often?
2. Does your dog ever lick people, himself, or inanimate objects excessively?  Yes  No  
If so, who/what and how often?
3. Is your dog sensitive about having certain body parts touched or handled (especially ears and feet)?  
If yes, which parts?
4. Why have you kept the dog despite its behavior problem?
5. Has the frequency or intensity of the behavior changed since the problem started?  Yes  No  
If so, how and when?
6. How do you react when your dog shows problem behaviors?
7. How does your pet respond to your reaction?

## BITE HISTORY

1. If your dog has ever bitten anyone, please list the total number of bites:
2. Please list the number of bites that broke skin:
3. Please list the number of bites reported to public health authorities, and to whom: (i.e. local authorities, hospital, humane society, etc.):
4. Was there legal action taken against you as a result of the bite(s)?  
 Yes  No
5. Have you read any dog training books?  Yes  No  
If so, please list them:
6. Have you considered finding another home for this dog?  Yes  No
7. Have you considered euthanasia (putting your dog to sleep)?  Yes  No

## **EXPECTATIONS**

What are your expectations for your appointment with the Behavioral Medicine Clinic?

Anything else you would like to add about your pet's behavior?

If you think a map or drawing of your house and/or yard would be helpful, please feel free to include one.