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Dog Behavior Questionnaire

The process for treating behavior issues involves many important steps.

Step 1: Forms must be filled out in detail and returned to the clinic. These will be carefully reviewed by the doctor before your appointment. All of your answers are confidential. The cost for doctor review in preparation for visit and behavior consult is \$145.00, paid at form drop-off.

Step 2: After receiving forms and payment, the receptionist will schedule the exam, labwork and consultation.

Step 3: Bring your pet in for a physical exam, blood and urine tests and the behavior consultation with the doctor.

Costs: Physical Exam \$ 69.00
Labwork \$ 171.00
Behavior Consultation \$ 145.00 (**pre-paid at step 1**)

**Additional cost could include medications for physical or behavioral problems.*

Step 4: At the end of the visit, written material will either be given to you or mailed.

Please complete these questions as thoroughly as possible.

- Dog's Name _____
Your Name _____
- Breed _____ Color _____
- Age of Pet _____
- Date of Birth _____
- Sex _____ Spayed or Neutered? Yes No
If yes, at what age? _____ Date of surgery? _____ Reason for neutering? _____
Any behavioral changes after neutering? _____
- If your dog is not neutered, do you plan to breed him/her? Yes No
- Has this dog ever been bred? Yes No
- If female, did she experience heat cycles before neutering? Yes No
Age of first heat, if applicable _____
Date(s) of heat cycle(s) _____
- How old was your dog when you first acquired it? _____
- Did you meet all the puppies in the litter? _____
If so, why did you choose your puppy? _____
- Why did you choose this specific breed? _____
- Have you had this particular breed before? Yes No
- Has this dog had any other owners? Yes No If so, how many? 1 2 3 4 Unknown
Why was this dog given up? _____
- How long have you had this dog? _____

15. Where did you get this dog?

- Stray/Found
- Breeder
- SPCA/Humane Shelter
- Breed Rescue Service
- Newspaper adoption advertisement (not breeder)
- Pet Store
- Friend
- Other (Please explain) _____

16. Why did you get this dog? _____

17. When was your dog last vaccinated for the following (please bring records to appointment if we don't have them):

Distemper/Parvo: _____

Rabies: _____

Lyme: _____

18. Is this dog (please check all that apply):

- Allowed to run free, unsupervised
- Fenced/Kenneled/Run
- Leash-walked only
- Outside, unleashed but supervised
- Indoors only
- Outdoors only

19. What percentage of the day does your dog spend outside? _____

What percentage of the night does your dog spend outside? _____

What kind of living situation do you have?

- Apartment
- Townhouse/Condominium
- House with small yard
- House with large yard
- Farm

20. How many times is your dog walked or let out per day?

- 0 1 2 3 4 5 6 7 8

If your dog is walked, what is the average length of time for each walk (in minutes)? _____

21. How often is your dog fed meals each day?

- 1 2 3 4

How often is your dog fed treats (dog biscuits, chewies) each day?

- 1 2 3 4

How often is your dog fed snacks from the table (i.e. human food) each day?

- 1 2 3 4

22. Do you leave food out all day? Yes No

If so, how much? _____

How frequently do you refill? _____

23. What exactly is your dog fed (include brand names)? _____

24. Does your dog have any allergies? Yes No

Please specify _____

25. Does your dog have any pre-existing or current medical problems? Yes No

If so, what are they? _____

26. Is your dog currently taking any medication to prevent Heartworms? Yes No

Brand _____

Is your dog currently taking any medication to control Flea & Ticks? Yes No

Brand _____

Is your dog currently taking any other medications? Yes No

Types _____

27. Has your household changed since acquiring this pet? Yes No

- If so, how?
- | | |
|---|--|
| <input type="checkbox"/> Death of human in family | <input type="checkbox"/> Death of pet in family |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Baby born | <input type="checkbox"/> Child moved |
| <input type="checkbox"/> Pet added | <input type="checkbox"/> Family schedule changed (lost or gained jobs) |
| <input type="checkbox"/> Family moved | <input type="checkbox"/> Other |

28. Please list the people, *including yourself*, currently living in the household or who spend a lot of time with the dog.

Name **Sex** **Age** **Relationship** **Occupation**

(Self, husband, wife, mother-in-law, etc.)

Name	Sex	Age	Relationship	Occupation

* Please mark with an asterisk (*) any of the above who are coming to the clinic with the dog.

29. Please list all the animals in the household.

Name **Breed** **Sex** **Age Obtained** **Age Now** **Age at introduction**

Name	Breed	Sex	Age Obtained	Age Now	Age at introduction

* Refer to the chart above and, using numbers, label which pet was obtained first, second, etc.

* Please label each pet's age at time of introduction to your dog.

30. How were these pets affected by your new dog?

31. Are any of these pets ill? Yes No

If so, please explain _____

32. Have you had pets before? Yes No

33. Have you had dogs before? Yes No

34. Have you had cats before? Yes No

35. Where does your dog sleep? Check all that apply, we know pets move at night.

- In or on your bed
- On its own bed in your bedroom
- In its crate in your bedroom
- On its own bed in another room
- In a crate in another room
- On the floor next to your bed
- In another room, voluntarily, anywhere it wants
- In another room because it is locked from your bedroom, anywhere it wants

36. Does your dog wake you up at any time during the night? Yes No

If so when, and for what reason?

37. How often do you play with toys or play games with the dog inside the house daily (on average)?

- 0 1 2 3 4 5 >5

How long does each play bout last, on average (in minutes)? _____

38. How often do you play with toys or play games with the dog outside the house daily (on average)?

- 0 1 2 3 4 5 >5

How long does each play bout last, on average (in minutes)? _____

39. What is your dog's obedience school history?

- No school – trained yourself
- Puppy kindergarten
- Group lessons – basic
- Group lessons – advanced
- Private trainer at house
- Private trainer – sent to trainer

40. Age when dog started lessons/training? _____

41. Who took the dog to obedience school? _____

42. How did the dog do in obedience school? _____

43. Does the dog have any obedience titles? _____

Behavioral History

1. Chief complaints:

- a. _____
- b. _____
- c. _____
- d. _____

2. Precipitating reason for visit:

3. Has the frequency or intensity of the occurrence of the behavior changed since the problem started?

- Yes
- No

If so, how and when?

4. Record a detailed description of events and how long ago each event occurred.

Most recent incident: Date: _____

Second most recent incident: Date: _____

Third most recent incident: Date: _____

5. Chronological development of the problem; other significant incidents:

6. Duration of problem _____ Days _____ Months _____ Years

7. Corrections and/or medical therapy to date and outcome.

8. Age of animal when he first began showing signs of the problem: _____

Client's impression:

Practitioner's impression (at visit):

9. Do you know if the parents engage in similar behaviors as the presented animal?

- Yes, they do
- No, they do not
- Do not know

If so, what behaviors are exhibited and by whom?

10. Do you know if any littermates are engaging in the same behaviors?

- Yes, they do
- No, they do not
- Do not know

If so, what behaviors are exhibited and by whom?

11. Describe interactions between pets in the household.

12. How does the pet react to strangers?
