

Dr. Jeff Smith
Dr. Katie Rohrig

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Dog Behavior Questionnaire

Please answer the following questions as completely as possible (use the margins and the back of the pages if needed) and return the completed form by mail or fax 48 hours before your scheduled appointment. Please also bring a video of your dog with you to the appointment. The video should be "a day in the life" including where he eats, sleeps, plays, interactions with people and other pets. Please do not put your dog in a dangerous or stressful situation just for the video.

The complete questionnaire and videos helps us to assess the environment, social interactions, and behavior of your dog(s), and leads to possible cause(s), prognosis, and treatments. The more thorough you can be, the more it will help your dog. Please fill out a separate form for each dog that has a problem. Please have all members of your household attend the initial consultation appointment if possible.

General Information

Your name _____ Address _____
City/State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Fax _____

Email _____

Pet's Name _____ Sex _____
Neutered or Spayed Yes No

Breed (as specific as possible) _____

Age _____ Weight _____

How did you hear about us?

Who referred you? _____

Would you like a post consultation summary mailed to your veterinarian? Yes No

Who is your regular veterinarian?

Dr: _____ Clinic: _____

Address: _____ Phone: _____

Fax: _____ Email: _____

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Dog's Background

Where did you get this dog?

Why did you decide to get a dog?

How old was this dog when you got him?

How long have you had this dog?

If known: How many litter mates? Males _____ Females _____

How many animals did you have to choose from?

Why did you choose this dog over the others?

Describe your dog's behavior as a puppy:

Do you have any news about littermate behavior? If so, please describe:

Did you meet your dog's parents? If so, please describe their behavior:

Mother:

Father:

Has this dog had other owners? If so, how many?

Why was the dog given up?

Have you owned dogs before?

Have you owned other pets before?

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What happened to your last dog?

Medical History

At what age was your dog spayed or neutered?

Were there any behavior changes after the surgery? If so, please describe:

Has your dog ever been bred? Yes No

Are you planning to breed? Yes No Unsure

If you have an intact female, when was her last heat?

Please list all medications that your dog is on including dose and frequency :
(Be sure to include flea control products and heart worm prevention)

Is your dog on any medications **now**? If so, please list:

Is your dog on any medications **now** for behavioral problems?
(Include herbal treatments such as Rescue Remedy, St. John's Wort, etc.)

What response have you seen to the behavioral medications?

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Diet and Feeding

Who feeds the dog?

Where do you feed the dog?

What do you feed the dog?(Please be specific)

Please list how much is fed at each meal:

AM _____ Lunch _____ PM _____

Does your dog eat all his food at once?

How long do you leave it down?

Where is the dog when **you** eat?

What is your dog's favorite treat?

Which types of human food does your dog like the best?

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Home Environment

Please list all the people living in your house, including yourself:

Name	Occupation	Hours away from home	Age	Attachment to dog (1-10)
1.				
2.				
3.				
4.				
5.				

Please list all the animals that live in the house (including the one you are bringing for consultation)

Name	Species	Breed	Spayed/Neutered	Age Obtained	Age Now
•					
•					
•					
•					
•					
•					
•					
•					
•					

In what sequence were the above animals obtained?(please number animals above)

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Daily Schedule

Please describe your dog's daily exercise, including the amount of time of each:

Leash walks _____ Supervised unleashed walks _____
Loose in yard _____ Unsupervised free roaming _____
Playing indoors _____ Playing outdoors _____
Other _____

Average total active time each day : 15 min 30 min 1 hour more than 1 hour

What percentage of time does your dog spend indoors and outdoors?

% indoors _____ % outdoors _____

Where does your dog sleep at night? (please be specific) _____

Is your dog house trained? yes no

How did you house train your dog?

Does your dog ever eliminate in the house? Yes No

If yes, does he Urinate Defecate Both

Where?

How often does he eliminate in the house?

Do you leave your dog alone in the house when you go out? Yes No

If yes, where is your dog when he is alone in the house?

Where is your dog when you have guests?

Why?

How does your dog behave when you are leaving the house?

How does your dog behave when you return?

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Is he more excited the longer you are gone?

How does your dog behave during thunderstorms?

How does your dog behave during fireworks?

Does your dog react to other noises?

How does your dog behave with visitors he knows?

How does your dog behave with visitors he doesn't know?

Please describe a typical day in your dog's life: (eg. time he gets up, when he eats, sleeps, plays)

Midnight

1am

2am

3am

4am

5am

6am

7am

8am

9am

10am

11am

12am

1pm

2pm

3pm

4pm

5pm

6pm

7pm

8pm

9pm

10pm

11pm

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Training

What basic training has your dog had?

- No training
- Puppy Class Where? _____
- Training at home
- Started obedience classes but did not finish
- Graduated one class at Obedience Where? _____
- Graduated 2 or more levels of Obedience
- Private trainer classes Name _____
- Boarded for training Where? _____
- Other _____

How old was your dog when obedience training was started?

Why did you take your dog to obedience?

Did you find it helpful? Why or why not?

Who in the family is the primary trainer?

How did your dog behave at training?

Which of the following training tools have you used?

- Flat Collar Choker chain Head Collar (Halti, Gentle Leader)
- Prong Collar Citronella collar Shock Collar
- Clicker Muzzle

Does your dog have any awards or titles?

Has your dog had any hunting, herding, protection, attack or Schutzhund training?

Do you play with your dog?

How and What do you play?

Does your dog know any tricks?

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How would you rate your dog's responses to each of the following?

- Good (G), Fair (F), or Poor (P)
- | Family Member | SIT | DOWN | STAY | COME | HEEL(don't pull) |
|---------------|-----|------|------|------|------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

What sort of toys does your dog have?

What is his favorite toy?

Can your dog "Fetch"?

Have you shown your dog in breed shows? Yes No

Does your dog jump up on you without permission? Yes No

Does your dog jump on other people without permission? Yes No

Does your dog paw at you? Yes No

Does your dog paw at other people? Yes No

Does your dog lick you? Yes No

Does your dog groom, lick or bite himself excessively? Yes No

Does your dog mount people? Yes No

If yes, whom does he/she mount?

Does your dog mount other dogs? Yes No

Does your dog ever bark at you? Yes No

When does he bark?

Does your dog bark at other times?(Please describe)

What is your dog's activity level in general?

Low Average High Excessive

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Presenting Problem

What brings you to us today?

What is the main behavior problem or complaint?

1.

Does your dog have any other problem behaviors? (please list)

2.

3.

4.

5.

Why are these behaviors a problem?

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How frequently does the problem(s) occur? (How many times daily, weekly, or monthly?)

Problem 1

Problem 2

Problem 3

Problem 4

Problem 5

Please describe when the problem started and how it developed over time.

When did you first notice it?

When did it become a serious concern? and Why is it of concern?

In what situations does the problem occur?

Has the problem changed in frequency? (please describe)

Has the problem changed in intensity? (please describe)

Has this problem changed in any other ways?

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Did the secondary problem develop at the same time?

To help us better understand your dog's problem, please describe what occurs when the episodes happen. Try to include as much detail as possible. (ie. where it took place, time of day, who was present, what happened in detail ...)

The most recent incident: Date:

The second to last incident: Date:

The time before that: Date:

The first time it happened: Date:

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Any other significant incidents: Date:

What have you done to try to correct the problem so far?

What has been the most successful of these measures?

What are your goals for treatment? (What is your dream goal? and What is your realistic goal?)

Which of these statements describes your feelings about this problem?

1. I am here only out of curiosity - the problem is not serious
2. I would like to change the problem, but it is not serious
3. The problem is serious and I would like to change it, but if it remains unchanged that is alright
4. The problem is very serious and I would like to change it, but if it remains unchanged I will keep my dog.
5. The problem is very serious and I would like to change it. If it remains unchanged, I will have my dog euthanized or have to give him/her up.

Please list any other important information or comments on the back of this page.

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Personality Screen

Please rate your dog's personality using the Monash Canine Personality Questionnaire.
How well does each word describe your dog?

	Really does not describe my dog					Really does describe my dog
friendly	1	2	3	4	5	6
persevering	1	2	3	4	5	6
nervous	1	2	3	4	5	6
energetic	1	2	3	4	5	6
attentive	1	2	3	4	5	6
easy going	1	2	3	4	5	6
independent	1	2	3	4	5	6
trainable	1	2	3	4	5	6
non-aggressive	1	2	3	4	5	6
hyperactive	1	2	3	4	5	6
submissive	1	2	3	4	5	6
determined	1	2	3	4	5	6
relaxed	1	2	3	4	5	6
tenacious	1	2	3	4	5	6
timid	1	2	3	4	5	6
biddable	1	2	3	4	5	6
active	1	2	3	4	5	6
intelligent	1	2	3	4	5	6
sociable	1	2	3	4	5	6
restless	1	2	3	4	5	6
fearful	1	2	3	4	5	6
obedient	1	2	3	4	5	6
lively	1	2	3	4	5	6
reliable	1	2	3	4	5	6
assertive	1	2	3	4	5	6
excitable	1	2	3	4	5	6

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Aggression Screen

**** Please Skip this section if aggression is not a problem****

Has your dog bitten other dogs? Yes No

Has your dog bitten other animals? Yes No

Has your dog bitten adult humans? Yes No

Has your dog bitten children? Yes No

Has your dog bitten and broken the skin? Yes No

Number of bites that have broken the skin _____

Total number of bites that have or have not broken the skin _____

Total number of episodes of aggression (growling, snapping, biting) _____

Describe a typical episode: (eg. does the dog bite, growl, lunge, in what circumstances)

If the dog is placed in the above situation 10 times, how many times would we see aggression?

Describe the parts of the body that were bitten and the extent of the injuries:

Who is/are the targets of the aggression?

Did your dog bite as a puppy? If yes, please describe, at what age:

How old was your dog when he first barked at a person?

What was the circumstances of that incident?

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How old was your dog the first time he barked at another dog/animal?
What were the circumstances?

How old was your dog the first time he growled at a person?
What were the circumstances?

How old was your dog the first time he growled at another dog/animal?
What were the circumstances?

How old was your dog when he first snapped or bit at a person?
What were the circumstances?

How old was your dog when he first snapped at or bit at another dog/animal?
What were the circumstances?

Please answer Yes or No to these characteristics of your dog's behavior:

Attacks seem sudden and surprising	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Episodes appear unprovoked	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The dog is abruptly docile after an episode	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The dog seems "sorry" afterward	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The dog appears disoriented afterward	<input type="checkbox"/> Yes	<input type="checkbox"/> No
He/She has an "glazed" or "absent" look during	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can usually tell what will set my dog off	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The aggression is new and uncharacteristic	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please complete the tables on the following pages indicating how your dog would react when faced with each scenario. If your dog has never been in any of these situations just check Not Applicable. **DO NOT TEST YOUR DOG IF YOU ARE UNSURE.**

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Aggression Screen - Part 1

How does your dog react when **YOU** do the following? **DO NOT TRY THESE THINGS IF YOU'VE NEVER DONE THEM**

Bark Growl Show Snap/ No Never
 Teeth Bite Reaction Done

	Bark	Growl	Show Teeth	Snap/ Bite	No Reaction	Never Done
Pat Dog						
Hug Dog						
Kiss Dog						
Lift dog						
Call off furniture						
Push/Pull off furniture						
Approach on furniture						
Disturb while sleeping/resting						
Approach while eating						
Touch while eating						
Take dog food away						
Take human food away						
Take water dish away						
Take "High Value" treat away						
Approach when has toy/bone						
Verbally Punish						
Physically Punish						
Visual threat						
Speak to dog (normal tone)						
Stare at dog						
Bend over dog						

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	Bark	Growl	Show Teeth	Snap/ Bite	No Reaction	Never Done
Push on shoulder/back						
Approach dog near spouse						
Approach dog near children						
Enter room						
Leave room						
Reach toward dog						
Restrain on leash						
Restrain by collar						
Restrain by scruff						
Put Leash on / take off						
Put collar on / take off						
Bathe Dog						
Dry dog						
Brush/ Groom dog						
Trim nails						
Correct with leash/ collar						
Response to "sit"						
Response to "down"						

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Aggression Screen - Part 2

How does your dog react if a **Stranger** does the following? **DO NOT TRY THESE THINGS OF YOU HAVE NEVER DONE THEM**

	Bark	Growl	Show Teeth	Snap/ Bite	No Reaction	Never Done
Pat Dog						
Hug Dog						
Kiss Dog						
Lift dog						
Call off furniture						
Push/Pull off furniture						
Approach on furniture						
Disturb while sleeping/resting						
Approach while eating						
Touch while eating						
Take dog food away						
Take human food away						
Take water dish away						
Take "High Value" treat away						
Approach when has toy/bone						
Verbally Punish						
Physically Punish						
Visual threat						
Speak to dog (normal tone)						
Stare at dog						
Bend over dog						
Push on shoulder/back						

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	Bark	Growl	Show Teeth	Snap/ Bite	No Reaction	Never Done
Approach dog near spouse						
Approach dog near children						
Enter room						
Leave room						
Reach toward dog						
Restrain on leash						
Restrain by collar						
Restrain by scruff						
Put Leash on / take off						
Put collar on / take off						
Bathe Dog						
Dry dog						
Brush/ Groom dog						
Trim nails						
Correct with leash/ collar						
Response to "sit"						
Response to "down"						
At the groomer						
At the vet clinic						
Unfamiliar adult enters house/yard						
Unfamiliar child enters house/yard						
Familiar adult enters house/yard						
Response to toddlers/babies						
In the car at gas stations						
Unfamiliar adults approach while on leash						
Unfamiliar child approach while on leash						

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	Bark	Growl	Show Teeth	Snap/ Bite	No Reaction	Never Done
Dog in house sees people outside						
Your dog is on leash and sees a dog running loose						
Your dog is on leash and sees a dog also on leash						
Your dog is off leash and sees a dog running loose						
Your dog is off leash and sees a dog on leash						