

Brooklyn Park Pet Hospital
Canine Behavior Questionnaire

Today's Date: Month/Day/Year _____

Owner Information:

Last Name: _____ First Name: _____

Contact Number: (____) _____

E-mail: _____

Household: Number of Adults: Female: ____ Male: ____

Number of Children: Girls: ____ Ages: _____ Boys: ____ Ages: _____

Who is the primary caretaker of the dog? _____

Pet Information:

Pet's Name: _____ Breed: _____ Color: _____

Current Age: _____ Date of Birth: _____

Sex: _____ Age Neutered: _____

Other Pets:

Number of Other Dogs: ____

Please List Name/Breed/Age/Sex:

#1 _____

#2 _____

#3 _____

#4 _____

Number of Other Animals: _____

Please List Name & Species:

#1 _____

#2 _____

#3 _____

Background Information:

Age Obtained: _____

Pet's Origin: (Breeder/Rescue/Puppy Mill/Friend/Family?) _____

If obtained as a puppy, how was the puppy raised? (In the house/Loose Outside/In Kennel/Garage/Other)

If obtained as a puppy, how did you select your puppy from the litter? (Breeder selected/no choice/Most Outgoing/Biggest/Quietest/Smallest/Looks/Other)

If previously owned, what primary purpose was the dog kept? (Adult's pet/Family pet/Child's pet/Show dog/Breeding/Other)

How would you generally describe the dog's temperament?
(Friendly/Aloof/Anxious/Shy/Hyper-excitabile/Fearful/Aggressive)

Has your dog ever bitten you or another? _____ broken the skin? _____

Medical Information:

List any previous medical conditions prior to coming a Brooklyn Park Pet Hospital Patient:

List current or relevant medications and/or supplements used and the doses:

General Information:

Exercise:

How many times is your dog walked per day? _____

Give the average hours of walking exercise per day? _____

When walking your pet what type of collar is used? (Harness/Flat collar/Head collar/Choke chain/Pinch collar/Off Leash)

_____ Why do you use this type of collar? _____

What type of outdoor area does the dog have access to? (Fenced yard/Tie-down/None)

Training:

What type of training has your dog had? (Crate training/Puppy classes/Obedience classes/Service trained)

What age did the pet start classes? _____

List the type of discipline used in training? (None/Verbal reprimand/Physical/Training device/Time out)

Do you use a crate? _____ If so, what type and size is it? (Wire/Airline Enclosed)

Where do you have the crate? (what room in the house) _____

Diet Information:

Food (Brand/Type): _____

Treats (Brand/Type): _____

Is the dog free fed or meal fed? _____

Does the dog finish the food at each meal or the end of the day? _____

Frequency of meals? _____/per day

Number of dishes with food? _____ Number of dishes with water? _____

Where is the dog's food bowl and water kept? (room/& near what) _____

Who usually feeds the dog? _____

Play:

List your dog's favorite toys? _____

About how many toys does your pet have? _____

Daily Schedule:

How many hours is the dog left alone per weekday? _____ Weekends? _____

Where is the dog when left alone? _____

Where does the dog sleep at night? _____

Have there been any major changes in your dog's environment/schedule?

When and what kind of changes?

How have they impacted your dog? _____

Primary Behavior Complaint:

Please give a brief summary to the problem:

What age did this problem begin? _____

How often does this problem happen? (daily/weekly/monthly) _____

How severe is the problem? (Serious/Not Serious) _____

What actions have you taken to stop the problem? _____

Secondary Behavior Complaint:

Brief Summary:

What age did this problem begin? _____

How often does this problem happen? (daily/weekly/monthly) _____

How severe is the problem? (Serious/Not Serious) _____

What actions have you taken to stop the problem?

Have you ever considered euthanasia or giving your pet up because of this problem?
