

BEHAVIORAL QUESTIONNAIRE

Please review this entire questionnaire first, then go back and answer the questions as thoroughly as possible.
If there was an incident (such as a bite), please witnessed the bite incident for input as well.

Date _____ / _____ / _____

Owner's Name

Dog's Name

Aggression Screen (Please fill out based on your dog's behavior at home)

Behavior	Growl	Snarl Bare Teeth	Snap/Bite	No Reaction	N/A
1. pet dog					
2. hug dog					
3. kiss dog					
4. lift dog					
5. call off furniture					
6. push/pull off furniture					
7. approach on furniture					
8. disturb while resting/sleeping					
9. approach while eating					
10. touch while eating					
11. take dog food away					
12. take human food away					
13. take water dish away					
14. take rawhide					
15. take biscuit/cookie					
16. take real bone					
17. take toy/object					
18. approach when dog has any object/toy/bone					
19. verbally punish					
20. physically punish					
21. visual threat					
22. speak to dog (normal tone)					
23. stare at dog					
24. bend over dog					
25. push on shoulders or back					
27. enter room					
28. leave room					
29. reach toward dog					
30. leash restraint					
31. collar restraint					
32. scruff restraint					
33. put leash on/take off					
34. put collar on/take off					
35. bathe dog					
36. towel dog					

	Growl	Snarl BareTeeth	Snap/Bite	No Reaction	NA
37. groom/brush dog					
38. dog at groomer's					
39. trim nails					
40. leash/collar correction					
41. response to "sit"					
42. response to "down"					
43. dog at veterinary clinic					
44. unfamiliar adult enters house or yard					
45. unfamiliar child enters house or yard					
46. familiar adult enters house or yard					
47. familiar child enters house or yard					
48. response to toddlers/babies					
49. dog in car at tollbooths, gas stations					
50. unfamiliar adult approaches owner, dog on leash					
51. unfamiliar child approaches owner, dog on leash					
52. dog in house, sees people outside					
53. response to other dogs, while on leash					
54. response to other dogs, while not on leash					

What is the main issue you are concerned about? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Aggression toward unfamiliar dogs | <input type="checkbox"/> Aggression toward another dog or pet in the home |
| <input type="checkbox"/> Aggression toward family member(s) | <input type="checkbox"/> Guarding food/toys/possessions/other |
| <input type="checkbox"/> Aggression toward visitors | <input type="checkbox"/> Aggression toward unfamiliar people in public |
| <input type="checkbox"/> Aggression when handled/picked up | <input type="checkbox"/> Aggression toward vet/groomer/petsitter/dogwalker |
| <input type="checkbox"/> Other / or # above: _____ | |

When did this behavior start? (approximate date or how long ago) _____

If your dog has threatened or bitten another dog, please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Growls, lunges, and/or barks at other dogs on walks | <input type="checkbox"/> Has air-snapped at another dog (no contact) |
| <input type="checkbox"/> Growls, lunges, and/or barks at another dog in home | <input type="checkbox"/> Bit another dog while your dog was on leash |
| <input type="checkbox"/> Bit another dog while your dog was off leash | <input type="checkbox"/> Play between dogs at home escalates into fights |
| <input type="checkbox"/> Bit another dog, drew blood (for example, torn ear) | <input type="checkbox"/> Bit another dog, inflicted puncture wound |
| <input type="checkbox"/> Bit another dog, inflicted multiple puncture wounds | <input type="checkbox"/> Tried to kill other dog (e.g., "grab and shake") |
| <input type="checkbox"/> Other: _____ | |

If your dog has threatened or bitten a person, please check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Threatened (for example, growled, barked, air-snapped, lunged at) family member, but no bite | | |
| <input type="checkbox"/> Threatened (for example, growled, barked, air-snapped, lunged at) stranger in public, but no bite | | |
| <input type="checkbox"/> Threatened (for example, growled, barked, air-snapped, lunged at) visitor to home, but no bite | | |
| <input type="checkbox"/> Bit family member, no broken skin | <input type="checkbox"/> Bit family member, broke skin (tear) | |
| <input type="checkbox"/> Bit family member, single puncture wound | <input type="checkbox"/> Bit family member, multiple puncture wounds | |
| <input type="checkbox"/> Bit stranger in public, no broken skin | <input type="checkbox"/> Bit stranger in public, broke skin (tear) | |
| <input type="checkbox"/> Bit stranger in public, single puncture | <input type="checkbox"/> Bit stranger in public, multiple puncture wounds | |
| <input type="checkbox"/> Bit visitor, no broken skin | <input type="checkbox"/> Bit visitor, broke skin (tear) | |
| <input type="checkbox"/> Bit visitor, single puncture | <input type="checkbox"/> Bit visitor, multiple puncture wounds | |
| <input type="checkbox"/> Bit vet or vet tech | <input type="checkbox"/> Bit groomer | <input type="checkbox"/> Bit dogwalker/petsitter |
| <input type="checkbox"/> Other/Further Description: _____ | | |

For each specific incident, please provide the following information. (Copy this section on to another page if you need to provide information about more than one incident.)

Date of incident _____ Location of incident _____

Who was present? _____

What other dogs/animals were present? _____

Was your dog on leash? Yes No If so, who was holding the leash? _____

What preceded the incident? _____

Had your dog been feeling well prior to the incident? _____

Did your dog give any warning signals? If so, what were they? _____

If there was a bite:	
What was the location on the body? _____	
Did it cause bruising? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was there bleeding (torn skin)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was there a puncture wound? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were there multiple puncture wounds? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did the dog bite, latch on and shake his head from side to side, not letting go? <input type="checkbox"/> Yes <input type="checkbox"/> No	

How did the incident end (for example, pulled dogs apart, one dog walked away, person ran away)? _____

What happened right after the incident (for example, put dog in yard, hit dog, dog lay down, dog looked “guilty”)? _____

If there was a bite, was medical help sought? Yes No

If there was a bite, was it reported? Yes No

If there was a bite, was legal action taken? Yes No

Which of the following best describes your feelings about your dog's behavior issue?

- The problem is not serious, but I am curious about what you would suggest.
- I would like to change the problem, but it is not that serious.
- The problem is somewhat serious. I would like to change it, but if it remains unchanged we will live with it.
- The problem is very serious. I would like to change it, but if it remains unchanged I will keep my dog.
- The problem is extremely serious. I would like to change it; if it remains unchanged I will give my dog up or have him/her euthanized.
- Other: _____

Is there anything else you feel we should know? _____

Thank you for taking the time to complete this questionnaire. This information will be used solely to review your dog's history and to help prepare a plan for behavior modification.