



Ottawa Veterinary
Behaviour Services Mobile
Compassion - Understanding - Solutions
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DOG QUESTIONNAIRE

Welcome to the Ottawa Veterinary Behaviour Services (OVBS) mobile. My aim is to help you understand why your dog is behaving the way it is and help your dog be the best dog it can be. In order to do this before your consultation I need as much information about you, your dog as well as your dog's environment as possible in order to give you the best advice.

Please answer the following questions as completely as possible and send the completed form back prior to your appointment. If you need more space please attach this information to the questionnaire.

If you have are able to, please take a video of your pet. This video should be a "day in the life" of your pet- where it eats, sleeps and plays. It should NOT include any episodes of aggression if that is the problem.

The completed behaviour questionnaire helps me to best assess the environment, social interactions as well as the behaviour of your dog. This then allows me to identify the possible cause(s) of the problem and devise an individualised treatment programme for your dog's behaviour problem(s). More detailed and specific questions about the problem behaviour(s) will be asked during your visit/telephone call.

Please fill in a separate form for each pet that has a behavioural problem. Please fill in as much as you can before the consultation to assist me during the behavioural assessment as that will help me to help you and your dog. If you have any pedigree papers for your dog please bring them to the consultation.

I look forward to meeting you with your dog and helping you with the way forward.

BACKGROUND INFORMATION

Your Name: _____

Address: _____

Home Ph: _____

Work Ph: _____

Mobile Ph: _____

Email: _____

What is the best way to contact you?

Pet's Name: _____

Breed: _____

Colour _____

Date of Birth: _____

Age: _____

Weight: _____

Sex: Male Female

Desexed? Yes No

How did you hear about us? _____

Who referred you? _____

Who is your regular Veterinarian? We send a report to your vet so we need their contact details.

Dr: _____

Clinic Name: _____

Address: _____

Phone: _____

Email: _____

What is your dog's major behaviour problem?

ABOUT YOUR DOG

Where did you get this dog?

(Friend, internet, stray, humane society, rescue organization, breeder, other)

If you have your dog's pedigree please bring it to the appointment

Has this dog had other owners? Yes No

If yes, how many?

Why was the dog given up (if known).

Have you owned dogs before? Yes No

Have you owned other pets before? Yes No

What happened to your last dog?

Why did you choose this particular breed?

Why did you decide to acquire a dog?

How old was this dog when you acquired it?

If known: How many littermates?

Males: ___ Females: ___

How many animals did you have to choose from?

Why did you choose this dog over the others? (please be specific and tell us who chose the pet and why):

Was a temperament test performed? Yes, No, Unsure, Result:

Please describe your dog's behaviour as a puppy (happy, active, destructive, anxious etc – the more details the better):

Do you have any news about littermate behaviour? (Please describe)

Did you meet your dog's parents?

Mother: Yes No

Father: Yes No

If Yes, please describe their behaviour:

Is your dog housetrained? Yes No

How did you housetrain your dog?

Does your dog ever eliminate in the house? Yes No

If yes, does he:

 Urinate Defaecate Both

 Where?

 How often does your dog eliminate in the house?

YOUR DOG’S HOME ENVIRONMENT

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

Please mark with an asterisk () all who will be attending the consultation **including yourself**, and note any other people that may be coming with you (eg friend, trainer, etc.)*

<u>NAME</u>	<u>OCCUPATION</u>	<u>HRS AWAY FROM HOME</u>	<u>AGE</u>

Please list anyone else who has regular contact with the dog:

Please list all of the animals, **including the one you are bringing in to see us**, in your household.

<u>Name</u>	<u>Species</u>	<u>Breed</u>	<u>Sex/Desexed</u>	<u>Age Obtained</u>	<u>Age Now</u>

In what sequence were the animals in your household obtained? (please number them in the table above)

What is your dog's relationship to the other animals in your home? (eg. friendly, hostile, fearful)
Please describe:

How would you describe your relationship with your dog?

Do you have any physical ailment(s) that influences your ability to interact with your dog?

What type of area do you live in?

City/Town Suburbs Rural

Do you rent or own your house?

What type of house do you live in?

Apartment – studio, 1-2 (+) bedroom

Townhouse/Duplex/Attached house

House – Single Family

Other: _____

Have you moved since acquiring your dog? Yes No If

Yes, how many times? _____

How long since the last move?

Has your household (people or animals) changed since acquiring your dog?

Yes No

If Yes, please describe:

YOUR DOG'S MEDICAL HISTORY

At what age was your pet neutered/spayed?

Why was this done?

Were there any behaviour changes after neutering? (please describe)

Has your dog ever been bred? Yes No

Are you planning to breed? Yes No Unsure

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

Has your dog had any medical problems in the past? (eg. Skin disease, gastrointestinal problems etc)

Has your dog been on any medication *in the past* for any medical problem?

Yes No

If Yes, please list all medications, what they were for, and when your dog was last dosed:

Does your dog have any current medical problems? (eg. Skin disease, gastrointestinal problems etc)

Is your dog on any medication *now* for any medical problems? (ie cortisone, anti-biotics.)

Yes No

If Yes, please list all medications including dose and frequency, what they are for, and expected completion date:

Is your dog on any medication such as heartworm preventatives, flea preventatives? (i.e. Heartgard, Revolution, Frontline, Advantage, Proheart Injection)

Yes No

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If Yes, please list all medications including dose and frequency

Is your dog on any medication **now** for its behavioural problem? (including other natural

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treatments such as Rescue Remedy, Bach Flowers, St John's Wort, Tranquillity, Tryptophan, Green lipped mussels etc)

Yes No

If Yes, please list all medications including dose and frequency:

What response (if any) has there been to each medication?

WHAT ARE YOUR DOG'S PROBLEM(S) (WHAT ARE THE ISSUES YOU HAVE WITH YOUR DOG?)

Why are you seeking help/advice about your dog?

What has prompted your visit today?

What are the main behaviour problems or issues (listed in order of importance to you)? Please describe why the behaviour is a problem

- 1.
- 2.
- 3.
- 4.

Does your dog have any other problem behaviours (please list)

Why are these behaviours a problem?

How frequently does the problem (or problems) occur? (i.e. how many times daily, weekly or monthly):

Problem 1. _____ Frequency:

Problem 2. _____ Frequency:

Problem 3. _____ Frequency:

Problem 4. _____ Frequency:

Please describe how the problem developed over time (chronology):

When did you first notice the main problem?

When did it become a serious concern?

Why?

In what general circumstances does your dog show these behaviours?

Has this problem changed in frequency? (please describe)

Has this problem changed in intensity? (please describe)

Has this problem otherwise changed?

How?

Did the secondary problems 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 i.e. where it took place, time of day, who was present, what happened etc.

1. Most recent incident: Date:

2. Second to last incident: Date:

3. Third to last incident: Date:

4. What was the first incident: Date:

Any other significant incidents:

Do you leave your dog inside 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?

Does the dog's level of excitement reflect your length of absence? (i.e. is he more excited the longer you are gone?)

How does your dog react to thunderstorms?

How does your dog react to fireworks?

Does your dog react to other noises, if so which ones and how?

How does your dog behave with familiar visitors (eg friendly, wary, timid, aggressive)?

How does your dog behave with unfamiliar visitors (children or adults) (eg friendly, wary, timid, aggressive)?

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 mount other animals or objects? Yes No

If yes, please describe:

Does your dog ever bark at you? Yes No

When does your dog bark at you?

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

What is your dog's activity level in general?

Low Average High Excessive

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

How successful have these measures been?

How do you discipline your dog for this or any other problem? Please list type of discipline used.

Do you feel that you may have contributed to the problem – eg feel guilty?

What are your goals for treatment?

Do you feel your goals are achievable?

YOUR DOG'S TRAINING

What basic training has your dog had?

No Training

Trained at home

Puppy Class

Where?

Started obedience classes but did not finish

Graduated one or more levels (details)

Private trainer, Name:

Boarded for training, Where:

Other:

How old was the dog when training 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?

What sort of collar do you use? (flat collar, choker, prong, head halter such as Halti or Gentle leader,
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other)

Does your dog have any training in hunting herding, protection, attack or Schutzhund?
Any associated awards or titles (please describe).

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)

Does your dog know any tricks? (please describe)

Do you play with your dog? Yes No

How do you play with your dog?

What sort of toys does your dog have?

What is his/her favourite toy?

Can your dog 'Fetch'?

Have you exhibited your dog in breed shows? Yes No

No, but I plan to.

YOUR DOG'S DAILY SCHEDULE

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

1. Leash Walks
2. Supervised off leash walks
3. Unsupervised free roaming
4. Loose in the Yard

5. Playing outdoors
6. Playing indoors
7. Other: (describe)

Total Active time each day (on average):

0 min 15 min 30 min 1hour More than 1 hr

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

% indoors % outdoors

Where does your dog sleep at night? (please be specific, ie outside, inside, in your bedroom, on your bed etc)

Please describe a typical 24 hour day in your dog's life: i.e. time he gets up, time fed etc.

Midnight- 5am

6am - 8am

8am - 12noon

12 noon -1pm

2pm - 5pm

5pm - 6pm

6pm – 9pm

9pm - 12 pm

YOUR DOG'S DIET AND FEEDING

Who feeds your dog?

Where do you feed your dog?

Does your dog have any food allergies?

What do you feed your dog? (Please be specific, eg Brand name)

How much do you feed? (Please be specific)

Meal times _____ am _____ pm

Does your dog eat all the food you give at once? Yes No If not, how long do you leave it down? _____ Where is your dog when **you** eat?

What is your dog's favourite food treat(s)?

Do you feed your dog table scraps? Yes No If yes, do you feed scraps from the table? Yes No

WHICH OF THESE STATEMENTS APPLY TO YOU:

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 euthanised or have to give him/her up

DO YOU HAVE ANY OTHER COMMENTS?

Please note any other information that you feel may be relevant to this problem.

PERSONALITY SCREEN

Please rate your dog's personality using the Monash Canine Personality Questionnaire.

Please rate how well each word describes your dog's personality by marking the appropriate box.

1 = really does not describe my dog, 6 = really describes my dog

	Really does not describe my dog					Really describes 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

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 adults? Yes No

Has your dog bitten children? Yes No

Has your dog bitten and broken skin? Yes No

Number of bites that have broken the skin?

Total number of bites (that did or did not break the skin)

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

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

If the dog is placed in the above situation 10 times, how many of those times is aggression seen? (eg all = 100%, just one=10%)

What parts of the body has the dog bitten and how severe were the injuries? Who is/are the targets of the aggression?

Did your dog bite as a puppy? Yes No

If yes, please describe, including at what age:

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

What was the circumstance?

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

What was the circumstance?

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

What was the circumstance?

How old was your dog when he first growled at another dog/animal?

What was the circumstance?

How old was your dog when he first snapped or bit at a person?

What was the circumstance?

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

Please answer Yes or No to these characteristics of your dog’s aggressive behaviour:

Attacks seem sudden and suprising. Yes No

Episodes appear unprovoked. Yes No

The dog is abruptly docile after an episode. Yes No

The dog appears ‘sorry’ afterwards. Yes No

The dog appears disoriented afterwards. Yes No

Episodes are associated with a ‘glazed’ or ‘absent’ look. Yes No

I can usually tell what will set my dog off. Yes No

The aggressive behaviour is new and uncharacteristic. Yes No

Please complete the tables below.

DO NOT TEST YOUR DOG if you are unsure.

AGGRESSION SCREEN - PART 1

How does your dog react to YOU when you do the following? **DO NOT TEST YOUR DOG**

	Bark	Growl	Snarl/ Teeth	Snap/ Bite	No re- action	Never done
1. Pat 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 whilst resting/sleeping						
9. Approach whilst eating						
10. Touch whilst eating						
11. Take dog food away						
12. Take human food away						
13. Take water dish away						

14. Take rawhide/pigs ear						
15. Take dog biscuit						
16. Take real bone						
17. Approach when dog has a toy/bone						
18. Verbally punish						
19. Physically punish						
20. Visual threat						
21. Speak to dog (normal tone)						
22. Stare at dog						
23. Bend over dog						
24. Push on shoulder or back						
25. Approach dog near spouse						
26. Approach dog near children						
27. Enter room						
28. Leave room						
29. Reach towards 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						
37. Groom/brush dog						
38. Trim nails						
39. Leash/collar correction						
40. Response to 'Sit'						
41. Response to 'Down'						

AGGRESSION SCREEN – PART 2

How does your dog react if a STRANGER did the following? **DO NOT TEST YOUR DOG**

	Bark	Growl	Snarl/ Teeth	Snap/ Bite	No re- action	Never done
1. Pat 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 whilst resting/sleeping						
9. Approach whilst eating						
10. Touch whilst eating						

11. Take dog food away						
12. Take human food away						
13. Take water dish away						
14. Take rawhide/pigs ear						
15. Take dog biscuit						
16. Take real bone						
17. Approach when dog has a toy/bone						
18. Verbally punish						
19. Physically punish						
20. Visual threat						
21. Speak to dog (normal tone)						
22. Stare at dog						
23. Bend over dog						
24. Push on shoulder or back						
25. Approach dog near spouse						
26. Approach dog near children						
27. Enter room						
28. Leave room						
29. Reach towards 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						
37. Groom/brush dog						
38. Trim nails						
39. Leash/collar correction						
40. Response to 'Sit'						
41. Response to 'Down'						

AGGRESSION SCREEN – PART 3

How does your dog react to the following? **DO NOT TEST YOUR DOG**

	Bark	Growl	Snarl/ Teeth	Snap/ Bite	No re- action	Never done
1. At the groomers						
2. At the vet clinic						
3. Unfamiliar adult enters house/yard						
4. Unfamiliar child enters house/yard						
5. Familiar adult enters house/yard						
6. Familiar child enters house/yard						
7. Response to toddlers/babies						
8. In the car at toll booth/petrol stations						
9. Unfamiliar adult approaches when dog on leash						
10. Unfamiliar child approaches when dog on leash						
11. Dog in house, sees people outside						
12. Your dog's response to <i>off leash</i> dogs when walking your dog on leash						
13. Your dog's response to <i>on leash</i> dogs when walking your dog on leash						
14. Your dog's response to <i>off leash</i> dogs when your dog off leash						
15. Your dog's response to <i>on leash</i> dogs when your dog off leash						