

VCA White Oak Animal Hospital

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Canine Behavioral History Questionnaire

Date: _____
Owner's Name: _____ Cell Phone: _____
E-mail Address: _____ Work Phone: _____
Address: _____
Spouse/Other: _____ Spouse/Other Phone: _____

Pet Name	Breed	Weight	Age	M / F	Altered?	If not, why?	Alt at what age?

Background

Any behavior changes since altering? _____
For what purpose was this pet obtained? Companion Protection Show Other: _____
Why did you choose this breed? _____
Where did you get this pet? Rescue Breeder Friend Petshop Stray Other: _____
Age obtained? _____ If known, describe pet's previous home: _____
Why did you choose this pet over the others? _____
Did you meet the pet's parents? _____
Describe the pet's behavior as a puppy: _____

Environmental Lifestyle

List names and ages of anyone in the house under 18 or over 65, as well as how long they are away daily.

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

List all animals in house (name, species, breed, sex, age obtained, age now).

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

What is your dog's relationship to the other animals in the house? _____
Has your household changed any since acquiring this pet? _____



Type of food: _____ How much food do you feed? _____
 How often do you feed? _____
 Does the pet eat immediately and finish all of the food? _____
 Who feeds the dog and where (kitchen, room, etc)? _____

Daily Schedule

Type of exercise: _____ How often? _____ By whom? _____
 Pet's favorite game/toy: _____ / _____
 Type of toys/bones pet has: _____
 Where does pet sleep at night? _____ Where does pet stay when alone? _____
 Where does pet stay when you are home? _____
 Is your pet left outdoors unsupervised? _____ How long? _____
 Where is your pet kept when outside? Fenced yard Tied-up Dog run Runs Loose
 Other _____
 How long is your pet left alone on a typical weekday? _____ Weekend? _____
 How does your pet behave when you leave? _____ Return? _____

Crate Training

Do you use a crate? _____ Does your pet go into the crate willingly? _____
 How does your pet behave in the crate? _____
 Where is the crate located? _____ Why this area? _____

Obedience Training

Has your pet had any previous obedience training? _____
 If so, by what method? _____
 Private lessons? _____ With whom? _____ How many? _____
 Group lessons? _____ With whom? _____ How many? _____
 Sent away to school? _____ With whom? _____
 Did you finish classes? _____ If no, explain: _____
 Did you train your pet yourself? _____ At what age did training begin? _____
 What success did you have? _____
 Describe any ongoing training _____
 What are your training goals with this pet? _____

Behavioral Concerns

Does your pet:	Yes/No	If yes, explain
Jump on you or others w/o permission		
Paw at you or others		



Does your pet:	Yes/No	If yes, explain
Lick you excessively		
Mount people		
Mount other animals or objects		
Bark at you		
Bark at other times		
Dig or chew destructively		
Urinate or defecate in house		
Raid the garbage		
Steal food from tablet/counters		
Urinate when excited or scared		
Other: _____		

Behavioral Concerns

Have you ever used any of the following correction techniques?

	Yes/No	If yes, explain
Startle sound/Noise maker		
Water Botle		
Physical (hiking, kicking)		
Shouting		
Muzzle grab		
Pinning/Rollover		
Time out		
E-collar		
Ultrasonic noise		
Scat mat		
Other: _____		

Chronologic Timeline Of The Behavioral Concern(S)

What is the main behavioral concern or complaint? _____

When did you first notice the main concern? _____

In what general circumstances does the pet misbehave? _____

Has this main concern changed in intensity since first noticing? Explain: _____



Describe several examples in detail:

Most recent incident:	Date:	Details:
Second to last incident:	Date:	Details:
Third to last incident:	Date:	Details:
Other significant incidents:	Date:	Details:

What have you done so far to correct the concern(s)? _____

Please list any additional concerns:

1. _____
2. _____
3. _____
4. _____

Is your pet on any medication for this or other concerns? _____ Explain _____

Date of most recent rabies vaccine _____ 1 year or 3 year? _____

Veterinarian _____

Aggression Screen

Action	No Reaction	Bark	Snap/Bite	Snarl/Bare Teeth	Growl
Pet dog					
Hug dog					
Lift dog					
Push/pull off furniture					



Action	No Reaction	Bark	Snap/Bite	Snarl/Bare Teeth	Growl
Approach while 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 rawhide/pig ear/cow hoof/etc.					
Take bone/toy					
Take object					
Approach when dog has object/toy/bone					
Verbally punish					
Physically punish					
Stare at dog					
Bend over dog					
Push on shoulders or back					
Approach dog near spouse/other					
Enter room					
Leave room					
Reach toward dog					
Grab collar					
Leash dog					
Scruff restraint					
Bathe dog					
Towel dog					
Groom dog					
Trim nails					
Leash/collar correction					

Action	No Reaction	Bark	Snap/Bite	Snarl/Bare Teeth	Growl
Unfamiliar adult enters house/yard					
Unfamiliar child enters house/yard					
Familiar adult enters house/yard					
Familiar child enters house/yard					
Response to babies/toddles					
Dog in car					
Unfamiliar adult approaches owner with dog on lead					
Unfamiliar child approaches owner with dog on lead					
Dog in house, sees people outside					
Response to other dogs while on lead					
Response to other dogs while not on lead					

Has your pet bitten and broken skin? _____ Explain: _____

Number of bites that have broken skin? _____ Number of bites that did not break skin? _____

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

Describe typical episode of aggression: _____

What parts of the body does your pet bite and how severe were the injuries? _____

Who is the target of the aggression? _____

Did your pet bite as a puppy? _____ Explain: _____

How old was your pet the first time he snapped/bit a person? _____

Fear Aggression

Does your pet show any signs of fear at times of aggression (cowering, ears back, tail tucker, hackles raised, retreating, hiding, other)? If yes, please explain: _____