

**Jill A. Goldman, Ph.D., CAAB  
Animal Behavior Services**



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**Dog Behavior History Questionnaire**

Client Name: \_\_\_\_\_

Dog Name: \_\_\_\_\_

Breed/Sex/Age: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

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From where did you obtain this dog? Please specify (e.g. friend, breeder, store, humane society, etc.):

When?

For what purpose was this dog obtained? Please specify (e.g. companionship, protection, breeding, etc.):

Rate your experience with dogs: Novice \_\_\_\_\_ Moderate \_\_\_\_\_ High \_\_\_\_\_

Describe the dog's personality:

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Date of last veterinarian exam: \_\_\_\_\_

List all major surgical or medical problems and approximate dates:

List all medications (including dosage and schedule) currently being taken by this dog:

**BEHAVIOR PROBLEM INFORMATION:** Describe the dog's behavior problem(s) and how it developed. Including where and under what circumstance each problem(s) was first noted, and the situations(s) in which the problem is most likely to occur. If the dog has an aggression problem, describe at least the last two or three aggressive incidents in detail (including date, time of day, and context). Describe all situations that are likely to elicit aggressive behavior.

The severity is: Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_ Other \_\_\_\_\_

At what age was the dog when this problem started? \_\_\_\_\_ Date: \_\_\_\_\_

How many times has the problem occurred: a) past week \_\_\_\_\_ b) past month \_\_\_\_\_ c) past year \_\_\_\_\_

<b>The problem(s) occur:</b>	<b>Always</b>	<b>Usually</b>	<b>Rarely</b>	<b>Never</b>
When the dog is left alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the presence of the family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the night when the family sleeps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When guest comes over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe any change in frequency or appearance:

Describe any behavior problem(s) involving family members:

List any changes in the household when the problem first appeared (e.g. moved, redecorated, change in schedule/dynamics, boarded, new roommate, visitors, diet change, etc.)?

What has been done so far to correct the problem(s) (discipline, crate, etc.)? What techniques have been successful or made the problem(s) worse?

List all medications (dosage, schedule & duration) prescribed for the behavior problem(s) and the results:

Have you considered euthanasia? Y\_\_\_ N\_\_\_ Comment:

**Behavior:** Indicate any other behavior problems:

House soiled	Shy	Play	Other
Destructive chewing	Eats stool	Jumps up	
Feeding	Pacing	Unruly	
Sexual	Aggressive	Bites	
Grooming	Barking	Fights	
Digging	Learning	Runs away	
Swallows nonfood items	Sleep	Destructive scratching	

Does this dog get along with other animals? Y  N  If not, please explain:

Describe the dog's reaction to:

Familiar dogs:

Unfamiliar dogs:

Familiar people:

Unfamiliar people:

How does the dog react when frightened (e.g. cower, retreat, aggression, etc.)?

Describe the dog's behavior:

- a. Just prior to your departure
- b. Just after your return

Describe any situations where your dog is shy, timid, or fearful:

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**Dog's Diet:**

\_\_\_% Dry (Brand \_\_\_\_\_) \_\_\_% Wet (Brand \_\_\_\_\_)

\_\_\_% Table Scraps, Supplements: \_\_\_\_\_

How many times a day is the dog fed? \_\_\_\_\_ By whom? \_\_\_\_\_

When? \_\_\_\_\_ Location \_\_\_\_\_

Does the dog finish his/her meal(s)? \_\_\_\_\_ % Leftover \_\_\_\_\_

Describe feeding habits: Poor \_\_\_\_\_ Picky \_\_\_\_\_ Normal \_\_\_\_\_ Voracious

What is your dog's favorite treat(s)?

When are treats delivered?

**Environment/Lifestyle:** Briefly describe your home (e.g. apartment, house, other):

List each family member (including daily schedule, sex, and age if under 18):

1. M/F Age \_\_\_\_\_ Schedule
2. M/F Age \_\_\_\_\_ Schedule
3. M/F Age \_\_\_\_\_ Schedule
4. M/F Age \_\_\_\_\_ Schedule
5. M/F Age \_\_\_\_\_ Schedule
6. M/F Age \_\_\_\_\_ Schedule

List other animals in the home:

Name	Species	Breed	Sex	Age Now	Age when obtained	Order obtained

Describe how your pets interact with each other, including who's in charge:

In what area of the house or yard is the dog when:

Family is home:

Family is away:

Family is asleep:

When guests visit:

What is the dog's favorite resting/sleeping area(s)?

At what time of the day is the dog most active?

Time dog spends indoors: \_\_\_\_\_ % outdoors: \_\_\_\_\_ %

Is this dog left alone during the day? \_\_\_\_\_ If yes, for how long?

Does the dog run free in the neighborhood? \_\_\_\_\_ How often?

What amount of exercise or opportunity to exercise is given to the dog (hours/day/week)?

On-Leash

Off-Leash

What toys/types of play does the dog enjoy? How often? \_\_\_\_\_

**Training:**

The dog's ability to learn is Fast \_\_\_\_\_ Slow \_\_\_\_\_ Easily Distracted \_\_\_\_\_ Other \_\_\_\_\_

What type of collar is used for walking/training?

Flat                      Choke Chain                      Pinch/Prong                      Head Harness                      other

Has this dog had any formal obedience training? Y  N

Class  Private instructor  I trained my dog at home

Grade the success: failed  fair  good  excellent

What will the dog do on cue?

**Punishment:** Have any of these correction techniques been used? If so, rate their success.

Physical (hitting)	Y N	Success: High/Med/Low/None
Noise (Shaker can/siren)	Y N	Success: High/Med/Low/None
Ultrasonic (Petagree)	Y N	Success: High/Med/Low/None
Water spray	Y N	Success: High/Med/Low/None
Verbal/shouting	Y N	Success: High/Med/Low/None
Time Out	Y N	Success: High/Med/Low/None
E-Collar	Y N	Success: High/Med/Low/None
Citronella collar	Y N	Success: High/Med/Low/None
Other	Y N	Success: High/Med/Low/No

Has any punishment made the problem worse or caused aggression?