

CANINE BEHAVIOR CONSULTATION QUESTIONNAIRE

Oakland Veterinary Referral Services
1400 S. Telegraph Rd, Bloomfield Hills, MI 48302
Phone 248-334-6877
Fax 248-334-3693

Email: behavior@ovrs.com
Theresa DePorter, DVM, MRCVS, DECAWBM, DACVB

General Information

Today's date:

Date and time of consultation (if scheduled):

Name:

Email:

Address:

City/Town:

Zip Code:

Phone: Home: ()

Business: () ext:

Mobile/other: ()

Fax: ()

Veterinary Clinic:

Veterinarian's Name:

Clinic phone: ()

Who referred you to OVRS?

This questionnaire is being completed by:

Pet Information

Pet's name:

Breed or description:

Date of birth:

Age:

Sex:

Spayed/neutered? If yes, when?

Color:

Weight:

Describe your dog's personality:

Instructions for the behavior questionnaire

- Complete this form carefully and include all relevant information.
- Read directions closely – not all questions are required for every pet. Skip sections as directed.
- This form is designed to be completed on a COMPUTER – if completed by hand you may need to write answers on additional paper. Detailed information is critical for Dr. DePorter to diagnose and recommend a treatment program.
- If multiple pets are involved, please complete a form for each pet. It is not necessary to duplicate answers. You may bring other pets to the consultation.
- PICTURES ARE VERY HELPFUL; CONSIDER TAKING PICTURES OF YOUR YARD, RESTING AREAS, OTHER PETS, AND LOCATIONS WHERE PROBLEM BEHAVIORS OCCUR. PLEASE TAKE VIDEOS OF YOUR PET DEMONSTRATING ANY RELEVANT BEHAVIORS IF YOU CAN SAFELY DO SO.
- DO NOT SEND MORE THAN 15 PICTURES OR 10 VIDEOS. PROVIDE A SUMMARY OF VIDEOS.

- To avoid losing your information; please remember to “save” often and print a copy when you complete this form.
- Return completed forms 3 business days prior to your consultation.
- Return of the completed forms by email to behavior@ovrs.com is preferred. You may also return it by fax to 248-334-3693.

Your pet’s early history

Age obtained:

Date obtained:

For what reason did you obtain this pet?

Describe your dog’s previous type of home:

(Include where, for how long, with whom, foster home, shelter, if there was any interaction with parents or littermates, etc.)

The Home Environment

List each family member living in the home:

(Include yourself, children and/ or frequent visitors)

Name	Occupation	Family relationship	Sex	Age	Describe how they get along with dog	Check box if they will be present for the consult
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

List all other pets in the home:

Name	Breed	Sex	Neutered/spayed?	Age	Describe how they get along with dog	Check box if they will be present for the consult
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Describe your home, neighborhood, and yard:

(Attach or include a map of your home/yard and provide pictures if this will be useful in fully illustrating your pet's situation).

Principle behavior concern

Describe your pet's primary problem:

(Include specifics such as when the problem started, what the dog does, and the result of those behaviors. Include specific or approximate dates and include detailed descriptions of the behavior).

What do you think caused the problem?

Describe at least 3 specific incidents in detail:

(Include specifics regarding who was present and what actually occurred. If aggression is your pet's primary problem, describe the details of the incidents here or in the aggression section).

Describe what has been implemented to resolve your dog's behavior problem and the outcome:

List any drugs, dietary supplements or remedies tried for behavior problems:

Date(s) given	Medication or supplements	Strength	How often given	Purpose/comments/outcome
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Please let us know how you feel about using medications for your pet's behavior problem:

- I wish to *use behavior modification alone* to improve my pet's behavior
- I wish to use behavior modification alone but *will consider using medication* if it is recommended
- I wish to use a *combination of behavior modification and medications* to improve my pet's problem
- I wish to use a *combination of behavior modification and natural supplements* to improve my pet's problem
- I fully anticipate using *medications* to improve my pet's problem

** Your preferences will be considered as the doctor recommends the approach that best fits your pet's behavior problem.*

Diet and nutrition

Describe your dog's meals and feeding routine:

(Include diet, when fed and appetite).

Describe type of treat(s) and when you give them:

Activities

Describe the usual daily schedule for your dog and the family:

(Include specifics regarding when you get up, walks, exercise, play, resting, when alone, work /school schedules).

Favorite play/game(s):

Favorite toy(s):

Describe your dog's preferred sleeping spot / daytime?

Where does the dog sleep at night?

Can your dog be confined to a crate without showing distress? Yes No

Do you still use a crate or pen? Describe the crate or confinement area and its location:

Describe the dog's reaction to being crated or confined:

If you no longer use a crate or confinement, when and why did you stop?

Does your dog wake you up at night? Yes No Describe:

Medical Screen

Describe any current, pre-existing or ongoing medical problems:

List ALL medication/supplements your pet receives currently or frequently:

Medication	Strength	How often given	When started	Purpose

Describe laboratory tests:

(Include blood, urine, X-rays etc. and date performed).

How would you describe your pet's maintenance activities?

	Normal/ appropriate	Decreased	Excessive	New Change?	Describe abnormalities or peculiarities
Thirst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Energy /activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sleep/rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Urination frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Urination volume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Defecation frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Defecation volume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pain thresh hold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exercise tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vocalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Departure Behavior

Describe how your pet is confined, restricted or crated when you leave the home:

How does your dog react when you prepare to leave?

How long is the dog left alone on the average day and when?

Describe any misbehaviors that occur when your dog is left alone:

Have you recorded video or audio of how your dog behaves when your dog is left alone? Yes No

Describe what you observed:

What is the dog's reaction at homecomings?

How does your dog react when left alone in the car?

Is the dog ever alone outdoors? Yes No How often? How long (average)?

How is your dog contained/restricted when left when outdoors?

How does your dog react to being left alone outdoors?

Does your dog ever run away? Yes No

Elimination training

Where is your dog's primary location for elimination?

Describe how your dog signals when it needs to eliminate:

Is your dog completely housetrained?

YES NO

IF NO, PLEASE CONTINUE. IF YES, SKIP THE NEXT SECTION AND PROCEED TO TRAINING

Does your dog soil in the home with urine ; stools ; both How often?

Does your dog soil in a specific location ; multiple locations ; random locations

What are the most likely locations for soiling?

When is the dog most likely to housesoil?

Does your dog housesoil when family members are at home? Yes No

If yes, describe when:

Does your dog housesoil while you are watching? Yes No

If yes, what is your reaction and your dog's response?

What do you do when you catch your dog soiling in an incorrect location?

What do you do when you find urine or stool that has been passed in the improper location?

What is your dog's response?

Do you accompany your dog outside for elimination? Yes No

Do you confine your dog to a crate, room or pen? Yes No

If yes, does your dog eliminate in the crate, room or pen? Yes No

Does your dog leak urine or lose control? Yes No If yes, describe when and where:

Training

Describe any dog training classes or individual sessions:

(Include puppy, obedience, agility or field training).

Describe the type of training methods you have implemented and why:

Describe any specialized training you have done with your dog (obedience, conformation, agility, flyball, hunting, retrieving, coursing, protection, etc):

Have you consulted a trainer, veterinarian or behavior specialist for the problem for which you are seeking help today?

Yes No Describe the recommendations and note if you followed them and the outcome:

What books have you read and implemented:

Describe any tricks your dogs knows:

Describe your dog's learning ability:

Please indicate how your dog responds to the following commands:

	Excellent	Good	Fair	Poor	Never	Comments/describe
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Come (indoors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Come (in yard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Come (in park, public)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walks on loose leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Give / drop toy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Give / drop stolen item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Punishment / Discipline / Corrections

Have you ever used any of the following for punishment or training? (mark all answers that apply)

	Never tried	Tried	Use often	Improves behaviors	Worsens behaviors	Comments/describe
Verbal reprimands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical punishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Muzzle grasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting off ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pinning/alpha rolling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise shaker can / chains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise ultrasonic/siren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water Sprayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Citronella / Air Spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Booby traps / repellents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Time-out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shock collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Citronella collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anti-bark collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Containment collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Buckle/flat collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Head halter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prong collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Choke/chain collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Body harness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Describe how you discipline your dog and your dog's response:

Has punishment ever led to threatening behavior or aggression? Yes No If yes, describe:

How do you control your dog on a walk? Describe any devices used to walk dog: leash, halter, harness, collar or off-leash:

Please bring all training devices, collars, halters and harnesses you have for your dog to your appointment

Describe how your dog reacts when people come to the door or into your home. Describe your routine and any precautions when visitors come to your home:

(Include family, visitors, delivery people and service technicians).

Describe how your dog reacts at the veterinary clinic:

(Include in the lobby or for procedures).

Describe how your dog acts on car rides:

Handling

Please characterize your dog's reaction to the following. It is not necessary attempt these, just describe your experiences.

	Enjoys	Accepts willingly	Accepts reluctantly	Resists	Threatens/ aggressive	Cannot attempt	Comments/describe
Nail trimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Petting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubbing belly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patting head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hugging / kissing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Being lifted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

To avoid losing the information you have entered, save & print a copy of your answers now

Reactivity

Indicate how your dog reacts to each of the following:

	Calm	Friendly	Excited	Ambivalent	Confused	Fearful	Aggressive	Comments/ Describe how you respond
Familiar dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unfamiliar dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Familiar people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unfamiliar people approaching at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unfamiliar people approaching away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unfamiliar visitors to the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Approached while eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Approach while playing with toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disturbed while resting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

How long after exposure to these events is finished, does your dog settle down (i.e. back to normal)?

Does your dog exhibit fear of noises (thunder, rain/wind, fireworks, house hold noises, smoke alarms)? YES NO

Describe how your dog responds to noises:

(Include which noises, does dog retreat, how does your dog look and how long before the dog returns to normal)

Aggression

Does your dog demonstrate any threats or aggression (growl, snarl, snap or bite)?

Yes No

Is aggression the primary reason for today's visit?

Yes No

IF YES, PLEASE CONTINUE. IF NO, SKIP THE NEXT SECTION AND PROCEED TO YOUR BEHAVIOR CONSULTATION

Has your dog ever displayed threats or aggression to *immediate family*?

Yes No

Has your dog ever displayed threats or aggression to *unfamiliar people*?

Yes No

Has your dog ever displayed threats or aggression to *unfamiliar dogs*?

Yes No

Has your dog ever displayed threats or aggression to *dogs living in the same home*?

Yes No

Has your dog's bites caused a serious injury?

Yes No

What is the *potential for injury*? None/preventable ; minimal ; moderate ; severe

If necessary, could you *predict and avoid* or prevent all situations in which aggression might arise?

Yes No

Is the problem *serious* enough that you will be unable to keep your pet if it is not improved?

Yes No

Is legal action pending due to your dog's aggressive behavior?

Yes No

Date rabies vaccination expires?

Describe the most significant aggressive event:

(This description should be very detailed. Like telling a story, include the setting, who was present, what occurred, the outcome and what you did. Avoid simple statements such as "the dog was angry" and instead describe exactly what occurred such as "the dog got off the couch, charged 10 feet and bit the man on the leg"). It is OK if you answered this under "pet's primary concern" as long as the description is very detailed).

Describe the most recent aggressive event:

Describe another or "typical" aggressive event:

How can you tell if you dog is about to become aggressive?

Characterize the severity of the bites:

Describe your response to your dog's aggression and what you have done to resolve this problem:

SUMMARIZE BITE HISTORY

Total number of bites that have occurred

Date (may be approx)	Situation	Who was bitten (name, person or animal)	Relationship (familiar, stranger)	Bite break skin?	Comments
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	

Your pet's behavior consultation

Is there anything else you would like to add about your pet and its behavior? Include any other information you think is relevant to the case or your family.

Describe your goals and expectations for your dog's behavior

Describe your goals and expectations for this behavior consultation

Describe how you learn best:

***Thank you for completing this form!
You have taken an important step toward resolving your pet's behavior problem!!***

This questionnaire was designed by Dr Theresa DePorter and may be reproduced only with written permission. She retains all rights to the use of this questionnaire – it may not be modified, distributed, reproduced, posted online or used commercially.

Checklist for your behavior appointment:

- ❑ PLEASE BRING OR EMAIL A **PICTURE** OF YOUR PET FOR OUR FILE
(BEHAVING OR MISBEHAVING)
- ❑ PLEASE **COMPLETE AND RETURN THIS QUESTIONNAIRE 3 DAYS** PRIOR TO YOUR APPOINTMENT
FAX 248-334-3693 OR EMAIL behavior@ovrs.com
- ❑ PRINT AN EXTRA COPY OF THIS COMPLETED FORM NOW AND BRING THAT COPY TO THE
APPOINTMENT.
- ❑ WE REQUIRE **48 HOURS NOTICE TO CANCEL OR RESCHEDULE YOUR APPOINTMENT WITHOUT
FORFEITTING YOUR DEPOSIT**
- ❑ BRING ALL COLLARS, TRAINING AIDS, MEDICATIONS, AND SUPPLEMENTS
- ❑ PLEASE ASK YOUR VETERINARIAN TO COMPLETE THE REFERRAL FORM ON OUR WEBSITE
WWW.OVRS.COM AND SUBMITT COPIES OF RECENT LABORATORY TESTS PRIOR TO YOUR VISIT.