

Behavior Screening Questionnaire¹

Veterinary Behavior Specialties of MN

www.vetbehaviormn.com

Your name: _____ Date: _____

Your dog's name: _____ Phone # _____

Our primary concern is your dog's well being which includes both physical and behavioral health. Please answer the following questions to help us identify behavior issues that may affect your pet or the bond that you share.

	YES	NO
1. Does your dog urinate or defecate in the house?		
2. Is your dog anxious, vocal or destructive when left alone?		
3. Is your dog fearful of certain noises? (e.g. thunderstorms, fireworks, other noises?)		
4. Has your dog ever been aggressive to any PERSON in the past? (growling, baring teeth, barking aggressively, nipping, snapping or biting).		
5. Are you or anyone else afraid of your dog?		
6. Does your dog react aggressively to other dogs?		
7. Are you dissatisfied with your dog's behavior?		
8. Are you concerned enough to want help improving any of your dog's current behaviors?		

If you answered YES to any of Questions 1-8, please answer the corresponding additional questions on the next page.

1. Questionnaire adapted with permission from Lisa Nelson, VMD Veterinary Behavior Consultation Service

BEHAVIOR SCREENING SUPPLEMENTAL INFORMATION

Question 1. You have answered that your dog urinates or defecates in the house to the point where you are concerned or frustrated.

a. Did you ever consider your dog reliably house-trained?

Yes No

b. Is your dog primarily urinating or defecating in the house – or both?

Urinating Defecating Both

c. Does this occur when you are home or when the dog is home alone or both?

Urinating Defecating Both

d. What do you do when you find urine or feces in the house?

- Nothing no matter when I find it
- Scold or punish the dog no matter when I find it
- Scold or punish the dog only if I catch him or her in the act

If yes, please describe when, where and how often this happens.

Question 2. What does your dog do when you are away?

- I don't know but seems really upset before I leave or frantic when I come home.

- Barks, howls or cries
- Chews things up or scratches at the door or windows or carpet

Question 3. Which noises is your dog fearful or reactive to?

- Storms – check all that apply
 - Becomes anxious an hour or more ahead of the storm
 - Responds to wind and rain or a darkened sky without thunder
 - Any level of thunder or moderately loud thunder
 - Very loud storms only
- Fireworks
- Traffic or electronic ‘beep’ sounds
- Other – please list
- Please describe what your dog does during these noises
 - Hides
 - Tries to be close to me
 - Runs from place to place and cannot get comfortable
 - Is ever destructive
 - Other, please describe

Question 4. Aggression

Has your dog nipped or bitten anyone?

-
- Yes
 - No If yes, approximately how many times?

If yes, was skin ever broken?

- Yes
- No
- Don’t Know

If yes, was medical care ever necessary to treat a wound?

Yes

No

Don't Know

Please describe the context (what was happening, who did what) at the time of an aggressive incident.

Question 5. Who is concerned that your dog may bite?

Question 6. Does your dog's behavior towards other dogs or people cause you to avoid walks?

Yes No

Are you worried about losing control of your dog on a walk, or of being pulled off your feet?

Yes No

Question 7. Please list the behavior(s) you would like help addressing.
