DOG BEHAVIOR QUESTIONNAIRE

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**The information you provide here helps me help you and your dog(s). Please fill out this form as completely and accurately as possible.**

**PART I. CLIENT INFORMATION**

**Name:**

**Home Phone:**

**E-mail address:**

**Dog’s Name:**

**Breed/Mix:**

**Age:**

**Sex (mark an x next to the appropriate answer): Male (intact): Male (neutered):**

 **Female (intact): Female (spayed):**

**PART II. BEHAVIORAL PROFILE - TRAINING**

**Describe any previous obedience training :**

**Success at obedience training: POOR: FAIR: MODERATE: EXCELLENT:**

**HANDLING**

**“x” how your dog responds to the following tasks**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TASK** | **NO REACTION** | **AVOIDS** | **RESISTS** | **GROWLS** | **SNAPS** | **COMMENTS** |
| **Trimming nails** |  |  |  |  |  |  |
| **Giving pill** |  |  |  |  |  |  |
| **Cleaning ears** |  |  |  |  |  |  |
| **Grooming** |  |  |  |  |  |  |
| **Bathing** |  |  |  |  |  |  |
| **Patting Head** |  |  |  |  |  |  |
| **Grasping Collar** |  |  |  |  |  |  |
| **Being Lifted** |  |  |  |  |  |  |
| **Rolling Over** |  |  |  |  |  |  |

**OTHER PROBLEMS**

**“x” any unwanted behaviors that your dog exhibits**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Jumping Up** |  | **Barking** |  | **House soiling** |  | **Tail Biting** |  |
| **Chewing** |  | **Howling** |  | **Running away** |  | **Tail Chasing** |  |
| **Digging** |  | **Whining** |  | **Stool eating** |  | **Other** |  |

**Summarize any behavior problem:**

**How would you describe the severity of this problem? MILD: MODERATE: SEVERE:**

**What is your pet’s reaction to your departure?:**

**What is your pet’s reaction to your homecoming?:**

**Have you ever used a crate for confinement? YES: NO:**

**FEAR AND ANXIETY**

**Indicate if your pet exhibits any fear, anxiety or aggressive behaviors and the context in**

**which they occur:**

**AGGRESSION**

**Indicate your dog’s response to the following situations. “x” all that have ever applied.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Task** | **No Response** | **Growls** | **Barks** | **Lifts Lip** | **Snaps** |
| **When dog is approached while eating** |  |  |  |  |  |
| **When dog is approached while chewing on a rawhide or a special treat or toy** |  |  |  |  |  |
| **When taking away a stolen object or rawhide** |  |  |  |  |  |
| **When dog is scolded** |  |  |  |  |  |
| **When dog is pushed off furniture (bed, couch)** |  |  |  |  |  |
| **When dog is approached while resting/sleeping** |  |  |  |  |  |
| **Ever, to family members** |  |  |  |  |  |
| **To strangers outside house/yard or at the door**  |  |  |  |  |  |
| **To people entering house/yard**  |  |  |  |  |  |
| **Ever, to children or infants** |  |  |  |  |  |
| **While in car, to persons outside car** |  |  |  |  |  |
| **To painful stimuli (ex: injection by veterinarian)** |  |  |  |  |  |
| **To other dogs in your home** |  |  |  |  |  |
| **To other dogs outside your home** |  |  |  |  |  |

**Has your dog been reported to animal control authorities or a public health department for biting?**

 **YES: NO:**

**If answered “yes” to the above question please describe the circumstances:**

**Thank you for the information!**

**Connie Dwyer**

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Please read and sign the client consent form below

Client Consent Form **I understand that the training and behavioral recommendations given by Connie Dwyer and Training For Canines, are in no way a substitute for veterinary care.  I understand that Connie Dwyer and Training For Canines are not dispensing any medical advice nor are they offering medical diagnosis. If my dog is exhibiting undesirable behaviors I agree that I have had him examined by my veterinarian for the specific behavior complaint and it has been determined by that veterinarian that there is no underlying medical clause behind the behavior.**

**I understand that the success of a training or behavior modification plan depends upon my compliance with the instructions given and I will in no way hold Connie Dwyer and Training For Canines liable for any unwanted behavior change.  I also understand that not all behavior problems can be solved, especially long-term ones, and in some cases, only an improvement in the behavior may be the best outcome.  I understand that Connie Dwyer and Training For Canines cannot guarantee results.**

**I release Connie Dwyer and Training For Canines from any and all liability in regard to health and behavior of my pets and the safety of all people in the household, classroom or training facility who interact with the dog.  I also release Connie Dwyer and Training For Canines from any and all liability in regard to any aspect of the advice given.**

**I understand that the fees paid to Connie Dwyer and Training For Canines are for the training classes or consultation sessions and not for the purpose of guaranteeing results.**

**I understand and comply with all of the above. Please sign by typing your full name below.**

**SIGNED : DATE:**