

**For Spoiled Pets LLC
Behavior Questioner
452 Carl Broggi Hwy
Lebanon, ME 04027
(207) 432-0029**

General Information:

Owner's name: _____
Email: _____
Address: _____
Zip Code: _____
Home phone: _____ Work/Day phone: _____
Name of pet: _____
Breed: _____
Date of birth: _____
Sex: Female _____ Male _____
Neutered/spayed: Yes _____ No _____

Who is your regular veterinarian:

Dr. Name: _____
Clinic Name: _____
Address: _____
Phone: _____

Behavior Problem:

What is the main behavior problem or complaint? _____
Additional problems (please list) _____

How frequently does the problem (or problems) occur (how many times daily, weekly or monthly):

Main Problem: Frequency:
Other Problem: Frequency:
Other Problem: Frequency:

Please list other behavior problems.

| Behavior Problem | Severity | | |
|------------------|--------------|---------|-------------|
| | Very Serious | Serious | Not Serious |
| | Very Serious | Serious | Not Serious |
| | Very Serious | Serious | Not Serious |
| | Very Serious | Serious | Not Serious |

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Chronology of the Behavior Problem:

When did you first notice the main problem (age of dog)? _____
When did it first become a serious concern? _____
In what general circumstances does the dog misbehave? _____
Has this problem changed in frequency? _____
Has this problem changed in intensity? _____
Has this problem otherwise changed? _____

Describe several examples in detail: When, where and what other animals or people were present.

Most recent incident: _____

Second to last incident: _____

Third to last incident: _____

Other significant incidents: _____

What have you done so far to try to correct the problem? _____

How do you discipline your dog for this problem and for other misbehavior? _____

Home Environment:

Name, Hours away from home"Please list the people, including yourself, living in your household. Please include ages of children:

Name, Hours away from home: _____

Name, Hours away from home: _____

List all animals in the household: _____

What is your dog's relationship to the other animals (e.g. friendly, hostile, fearful)? Please describe:

What type of area do you live in? City/Town _____ Suburbs _____ Rural _____

What type of house do you live in? Please describe. _____

Have you moved since acquiring your dog? Yes _____ No _____

If yes, how many times? _____

Has your household (people or animals) changed since acquiring your dog? Yes _____ No _____

If yes, please describe: _____

Dog's Background:

Why did you decide to get a dog? _____

Why did you choose this breed? _____

Where did you get this dog: _____

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Have you owned dogs before? Yes _____ No _____
Describe your dog's behavior as a puppy: _____
Do you have any news about littermate behavior? (please describe) _____
Did you meet the parents? Yes _____ No _____
If yes, please describe their behavior: _____
Has this dog had other owners? Yes _____ No _____
If yes, how many? _____
If yes, why was the dog given up? _____
At what age was your pet neutered/spayed? _____
Why was this done? _____
Were there any behavior changes after neutering? _____
If your pet is "intact" has he/she ever been bred? Yes _____ No _____
Are you planning to breed? Yes _____ No _____ Unsure _____
If you have an intact female, when was her last heat? _____ Was it normal? _____

Diet and Feeding:

What do you feed your dog? (Please be specific, e.g. brand name) _____
Has your dog's appetite (increased, decreased, no change)? _____
Meal Times: _____
How much do you feed? (please be specific) _____
Who feeds the dog? _____
Location: _____
What is your dog's favorite treat? _____

Daily Schedule:

Please describe a typical 24-hour day in your dog's life: _____

How does the dog behave with familiar visitors? _____
How does the dog behave with unfamiliar visitors (children or adults)? _____
How do you exercise your dog? _____
Is the dog free in a fenced yard? _____
Is the dog tied outside? _____
Does the dog run free? _____
Is your dog housetrained? Yes _____ No _____
How was the dog housetrained? _____
Does your dog ever eliminate in the house? Yes _____ No _____
Urinate _____ Defecate _____
Where does your dog sleep at night (please be specific) _____
Does your dog sleep (more, less, same)? _____
Where is your dog when alone in the house? _____
Where is your dog when you have guests? _____
How does your dog behave while you are leaving the house? _____
How does your dog behave when you return? _____

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Obedience Training:

What basic obedience training has your dog had? _____
Who in the family is the primary trainer? _____
Does your dog have any awards or titles? (Please describe) _____
Has your dog had any hunting, herding, protection, attack or Schutzhund training? _____
Does your dog know any tricks? Please describe: _____
Have you exhibited your dog in breed shows? Yes _____ No _____ No, but I plan to _____
Does your dog jump up on you or others without permission? Yes _____ No _____
Does your dog paw at you or at others? Yes _____ No _____
Does your dog lick you? Yes _____ No _____
Does your dog mount people? Yes _____ No _____
If yes, whom does he or she mount? _____
Does your dog mount other animals or objects? Yes _____ No _____

Please describe: _____
Does your dog ever bark at you? Yes _____ No _____
When? Please describe: _____
Does your dog bark at other times? Please describe: _____
What is your dog's activity level in general:
Low _____
Average _____
High _____
Excessive _____

Medical History:

Is your dog on any medication now? _____
Has your dog been on medication in the past? _____
Date of most recent rabies vaccination: (1 year, 3 year) _____

Please fill out using the following Behavior Codes:

- GR - growl
- SL - snarl/bare teeth
- SB - snap/bite
- NR - no reaction
- NA - not applicable

| | | | | | |
|------------|----|----|----|----|----|
| 1. pet dog | GR | SL | SB | NR | NA |
| 2. hug dog | GR | SL | SB | NR | NA |

| | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|
| 3. kiss dog | GR | SL | SB | NR | NA |
| 4. lift dog | GR | SL | SB | NR | NA |
| 5. call off furniture | GR | SL | SB | NR | NA |
| 6. push/pull off furniture | GR | SL | SB | NR | NA |
| 7. approach on furniture | GR | SL | SB | NR | NA |
| 8. disturb while resting/sleeping | GR | SL | SB | NR | NA |
| 9. approach while eating | GR | SL | SB | NR | NA |
| 10. touch while eating | GR | SL | SB | NR | NA |
| 11. take dog food away | GR | SL | SB | NR | NA |
| 12. take human food away | GR | SL | SB | NR | NA |
| 13. take water dish away | GR | SL | SB | NR | NA |
| 14. take rawhide | GR | SL | SB | NR | NA |
| 15. take biscuit/cookie | GR | SL | SB | NR | NA |
| 16. take real bone | GR | SL | SB | NR | NA |
| 17. take toy/object | GR | SL | SB | NR | NA |
| 18. approach when dog has any object/toy/bone | GR | SL | SB | NR | NA |
| 19. verbally punish | GR | SL | SB | NR | NA |
| 20. physically punish | GR | SL | SB | NR | NA |
| 21. visual threat | GR | SL | SB | NR | NA |
| 22. speak to dog (normal tone) | GR | SL | SB | NR | NA |
| 23. stare at dog | GR | SL | SB | NR | NA |
| 24. bend over dog | GR | SL | SB | NR | NA |
| 25. push on shoulders or back | GR | SL | SB | NR | NA |
| 26. approach dog near spouse | GR | SL | SB | NR | NA |
| 27. enter room | GR | SL | SB | NR | NA |
| 28. leave room | GR | SL | SB | NR | NA |
| 29. reach toward dog | GR | SL | SB | NR | NA |
| 30. leash restraint | GR | SL | SB | NR | NA |

| | | | | | |
|---|----|----|----|----|----|
| 31. collar restraint | GR | SL | SB | NR | NA |
| 32. scruff restraint | GR | SL | SB | NR | NA |
| 33. put leash on/take off | GR | SL | SB | NR | NA |
| 34. put collar on/take off | GR | SL | SB | NR | NA |
| 35. bathe dog | GR | SL | SB | NR | NA |
| 36. towel dog | GR | SL | SB | NR | NA |
| 37. groom/brush dog | GR | SL | SB | NR | NA |
| 38. dog at groomer's | GR | SL | SB | NR | NA |
| 39. trim nails | GR | SL | SB | NR | NA |
| 40. leash/collar correction | GR | SL | SB | NR | NA |
| 41. response to "sit" | GR | SL | SB | NR | NA |
| 42. response to "down" | GR | SL | SB | NR | NA |
| 43. dog at veterinary clinic | GR | SL | SB | NR | NA |
| 44. unfamiliar adult enters house or yard | GR | SL | SB | NR | NA |
| 45. unfamiliar child enters house or yard | GR | SL | SB | NR | NA |
| 46. familiar adult enters house or yard | GR | SL | SB | NR | NA |
| 47. familiar child enters house or yard | GR | SL | SB | NR | NA |
| 48. response to toddlers/babies | GR | SL | SB | NR | NA |
| 49. dog in car at tollbooths, gas stations | GR | SL | SB | NR | NA |
| 50. unfam. adult approaches owner, dog on leash | GR | SL | SB | NR | NA |
| 51. unfam. child approaches owner, dog on leash | GR | SL | SB | NR | NA |
| 52. dog in house, sees people outside | GR | SL | SB | NR | NA |
| 53. response to other dogs, while on leash | GR | SL | SB | NR | NA |
| 54. response to other dogs, while not on leash | GR | SL | SB | NR | NA |

Aggression Towards People:

(Skip this section if aggression is not the problem)

Please answer these characteristics of your dog's aggressive behavior:

I can usually tell what will set off my dog Yes _____ No _____
the aggressive behavior is new and uncharacteristic Yes _____ No _____

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Has your dog bitten and broken skin? Yes _____ No _____

Number of bites that broke skin: _____

Total number of bites (that did or did not break skin): _____

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

Describe typical episode (eg. does dog growl, lunge or bite, and in what circumstance?): _____

If the dog is in the above situation 10 times, in how many of those times is aggression seen (eg. all=100%, just one=10%, etc.)? _____

What parts of the body has the dog bitten and how severe were the injuries? _____

Who is/are the target(s) of aggression? _____

Did your dog bite as a puppy? Yes _____ No _____

If yes, please describe, including age: _____

How old was your dog the first time he/she growled at a person? _____

What was the circumstance? _____

How old was your dog the first time he/she snapped or bit at a person? _____

What was the circumstance? _____

Seriousness:

How serious is the behavior problem. Check the most appropriate response:

1. I am here only out of curiosity - problem is not serious. _____
2. I would like to change the problem, but it is not serious. _____
3. The problem is serious and I would like to change it, but if it remains unchanged that's all right. _____
4. The problem is very serious. I would like to change it, but if it remains unchanged I will keep my dog. _____
5. The problem is very serious and I would like to change it; if it remains unchanged I will have my dog euthanized or give him/her up. _____

Any Additional Comments: _____

I _____ have answered all questions truthfully to the best of my knowledge

Signature: _____ Date: _____

Print Name: _____