

# World Class Dog Training Behavior Questionnaire

## Dog Information

**Name** \_\_\_\_\_ **Breed/Mix** \_\_\_\_\_ **Age** \_\_\_\_\_

**Sex**            Male            Female            **Status**            Intact            Spayed            Neutered

**Age when altered** \_\_\_\_\_

Did you notice any short or long-term changes in your dog's behavior after altering?            Yes            No

Was your dog altered because of a behavior problem? If yes, please explain:            Yes            No

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Are your dog's vaccinations up to date?            Yes            No

Does your dog have any medical conditions?            Yes            No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Is your dog currently given any medications? \_\_\_\_\_

If yes, what medications? \_\_\_\_\_  
\_\_\_\_\_

*Please answer the following questions. All information that you provide is confidential. It is important to answer carefully since the information will be used to help assess your dog's behavior. Please add any additional information as you see fit. If a particular question is not relevant to your dog, mark it N/A.*

# World Class Dog Training Behavior Questionnaire

## Section 1

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How old was your dog when you acquired it? \_\_\_\_\_

Has the dog had previous owners? If yes, please explain: \_\_\_\_\_

Where did you get your dog?  Breeder  Pet Store  Shelter  Friend

How does your dog spend a majority of its time? \_\_\_\_\_

Where is your dog kept outdoors? \_\_\_\_\_

How often is your dog exercised? \_\_\_\_\_

How long? More than...  10 min  45 min.  1 hour  2 hours

Briefly describe your dog's exercise routine: \_\_\_\_\_

When is your dog fed?  AM  PM  Both

What do you feed your dog?  Canned  Dry  Table Scraps  Treats

Describe your dog's feeding habits?  Finicky  Good Appetite  Voracious

What are your dog's favorite toys? \_\_\_\_\_

What sort of play does your dog enjoy most?  Ball play  Chase  Tug  Other

Where does your dog sleep?  Bedroom  Kennel  Kitchen  Other

## **World Class Dog Training Behavior Questionnaire**

### **Section 2**

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Describe the social layout of the family (e.g., children, other adults, and animals) and the dog's place in it?

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Has your household changed since acquiring your dog?

Yes

No

If yes, please explain:

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Does your dog enjoy children?

Yes

No

If not, please explain:

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Please describe your dog's interaction with other animals in the household:

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Describe how your dog reacts to guests and strangers:

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Describe your dog's behavior around other dogs:

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## **World Class Dog Training Behavior Questionnaire**

### **Section 3**

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Why did you decide to acquire a dog?       Companion     Child     Protection

Describe your dog's behavior as a puppy. Anything unusual? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why did you choose the breed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you owned other dog's in the past? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Section 4**

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Describe your dog's reaction to being left alone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your dog's behavior when you return home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you use a crate? If yes, when did you begin to crate your dog? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many hours a day is your dog kept in the crate?      Less than:     5 hours     10 hours     15 hours

## **World Class Dog Training Behavior Questionnaire**

### **Section 5**

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Has your dog ever been to obedience school?

Private

Group

How many weeks of training? \_\_\_\_\_

What training school or professional trainer/behaviorist did you use? \_\_\_\_\_

What training methods or philosophy did the trainer emphasize? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your impressions and benefits from training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your dog come when called? \_\_\_\_\_

Will your dog lie down on command? \_\_\_\_\_

Does your dog pull when being walked? \_\_\_\_\_

Please describe your dog's general attitude and response to obedience training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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## World Class Dog Training Behavior Questionnaire

### Section 6

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What do you consider your dog's most undesirable behavior?

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When did you first notice the problem?

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Rank the severity of the dog's problem:

Mild  Moderate  Severe

How often does the problem occur?

Frequent  Occassionally  Rarely

Has there been a recent change in frequency or severity?

Yes

No

Have there been any changes in the household that could help to explain the appearance of the problem?

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What have you done so far to correct your dog's behavior problem?

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Why do you think the dog is exhibiting the behavior problem?

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## World Class Dog Training Behavior Questionnaire

### Section 7

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Does your dog exhibit any of the following behavior problems?

*Please circle the relevant behaviors and check approximate frequency*

	<b>Never</b>	<b>Occasionally</b>	<b>Often</b>
House soiling (urination, defecation, marking, submissive urination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive barking or howling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coprophagia (stool eating, other animal's feces)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Destructiveness (scratching, chewing, digging)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jumping up (on guests or owners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouthing on hands or clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chases (cars, people, other dogs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Object and food stealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the dog attempt to run away when caught?		Yes	No
Dominance testing (pushy behavior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual behaviors (thrusting against humans, inanimate objects, roaming)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overly submissive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fearfulness (shy or phobic reactions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive excitability and impulse-control deficits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **World Class Dog Training Behavior Questionnaire**

### **Section 8**

Does your dog threaten or exhibit aggression toward family members? Yes      No

Describe all episodes of aggression (including threats) toward family members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your dog ever react aggressively to grooming and other handling efforts? (lifting, moving off furniture)

Yes      No

Does your dog growl while being petted or hugged? Yes      No

Is your dog aggressive toward non-family members? Yes      No

If yes, please describe all episodes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How old was your dog when it exhibited the first signs of aggressiveness? \_\_\_\_\_

Is there anyone who the dog is never aggressive toward? \_\_\_\_\_

Does your dog suffer from physical conditions that might explain its aggressiveness? Yes      No

Is your dog more aggressive toward males or females? Males      Females

Has your dog ever killed any animals? Yes      No

Does your dog show signs of fear prior to becoming aggressive? Yes      No

Describe the severity of past bites: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## World Class Dog Training Behavior Questionnaire

### Section 8 (Continued)

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Describe in detail the last bite incident (what, when, where, why?):

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Describe your dog's reaction (growls, glares, bares teeth, snaps, barks, bites) under the following conditions:

	<b>Never</b>	<b>Occasionally</b>	<b>Often</b>
When eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When playing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When chewing on a toy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When approached while sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When punished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When people visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When visitors enter yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When reached for or touched	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
While being put into a crate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any additional comments or information that you think I should know?

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