

**CANINE SUPPLEMENTAL BEHAVIOR SCREENING**

**PATIENT NAME (First, Last):** \_\_\_\_\_

**ADDITIONAL BEHAVIORS**

<i><b>Does your dog engage in the following behaviors at least weekly?</b></i>	No	# of times per week when owner present	# of times per week when owner gone	Don't know
Housoiling	<input type="checkbox"/>			<input type="checkbox"/>
Excessive barking/whining	<input type="checkbox"/>			<input type="checkbox"/>
Destructive chewing	<input type="checkbox"/>			<input type="checkbox"/>
Digging	<input type="checkbox"/>			<input type="checkbox"/>
Self-licking/chewing	<input type="checkbox"/>			<input type="checkbox"/>
Pacing/repetitive behavior	<input type="checkbox"/>			<input type="checkbox"/>
Consumes non-food objects	<input type="checkbox"/>			<input type="checkbox"/>
Circles/chases tail/freeze	<input type="checkbox"/>			<input type="checkbox"/>

<i><b>How does your dog react in the following situations:</b></i>	Happy	Neutral	Fearful or Anxious	Bark	Growl/ Show Teeth	Snap/ Bite	Don't Know/ Don't Do
Unfamiliar people at door	<input type="checkbox"/>						
Unfamiliar people in home	<input type="checkbox"/>						
Unfamiliar people, neutral territory, on leash	<input type="checkbox"/>						
--same, off leash	<input type="checkbox"/>						
--same, approaching/trying to pet	<input type="checkbox"/>						
Children on bicycles, roller blades	<input type="checkbox"/>						
Joggers (adult)	<input type="checkbox"/>						
Cars/trucks going by, on leash	<input type="checkbox"/>						
Babies	<input type="checkbox"/>						
Children	<input type="checkbox"/>						
Unfamiliar dogs, on leash	<input type="checkbox"/>						
Unfamiliar dogs, off leash	<input type="checkbox"/>						
Squirrels/cats/small animals approaching dog	<input type="checkbox"/>						
Dog in yard-person passes	<input type="checkbox"/>						

## CANINE SUPPLEMENTAL BEHAVIOR SCREENING

<b><i>How does your dog react in the following situations:</i></b>	Happy	Neutral	Fearful or Anxious	Bark	Growl/ Show Teeth	Snap/ Bite	Don't Know/ Don't Do
Dog in yard-dog passes	<input type="checkbox"/>						
Veterinarian's office	<input type="checkbox"/>						
Owner(s) leaving	<input type="checkbox"/>						
Owner(s) returning	<input type="checkbox"/>						
Car rides	<input type="checkbox"/>						
Stranger approaching car	<input type="checkbox"/>						
Thunder	<input type="checkbox"/>						
Fireworks	<input type="checkbox"/>						
Other loud noises: _____	<input type="checkbox"/>						
Roughhousing	<input type="checkbox"/>						

<b><i>How does dog react to a human family/household member doing the following:</i></b>	Happy	Neutral	Fearful or Anxious	Bark	Growl/ Show Teeth	Snap/ Bite	Don't Know/ Don't Do
Walk by food while dog eats regular dog food	<input type="checkbox"/>						
Take food dish while dog eats	<input type="checkbox"/>						
Walk by food while dog eats more delicious food	<input type="checkbox"/>						
Take away non-edible toy	<input type="checkbox"/>						
Take away bone, rawhide	<input type="checkbox"/>						
Take away stolen non-food item (e.g., socks)	<input type="checkbox"/>						
Take away stolen food item (including dirty tissues, paper towels)	<input type="checkbox"/>						
Reach for dropped food at same time as dog	<input type="checkbox"/>						
Reach overhead/pet on top of head	<input type="checkbox"/>						
Pet on other parts of body	<input type="checkbox"/>						
Brush	<input type="checkbox"/>						
Bathe	<input type="checkbox"/>						

## CANINE SUPPLEMENTAL BEHAVIOR SCREENING

<b><i>How does dog react to a human family/household member doing the following:</i></b>	Happy	Neutral	Fearful or Anxious	Bark	Growl/ Show Teeth	Snap/ Bite	Don't Know/ Don't Do
Pick dog up	<input type="checkbox"/>						
Put on/off collar	<input type="checkbox"/>						
Put on/off leash	<input type="checkbox"/>						
Disturb while sleeping	<input type="checkbox"/>						
Move while on furniture	<input type="checkbox"/>						
Dog is sitting with one family member, and another family member approaches	<input type="checkbox"/>						
Hold back when excited (e.g., from running out the door) NOT WHEN AGGRESSIVE	<input type="checkbox"/>						
Hold back when aggressive (e.g., barking at another dog)	<input type="checkbox"/>						
Verbal reprimand	<input type="checkbox"/>						
Leash correction	<input type="checkbox"/>						
Physical reprimand	<input type="checkbox"/>						
Staring at dog	<input type="checkbox"/>						

<b><i>How does your dog react to a dog in the household:</i></b>	Happy	Neutral	Fearful or Anxious	Bark	Growl/ Show Teeth	Snap/ Bite	Don't Know/ Don't Do
Around regular food	<input type="checkbox"/>						
Around rawhides	<input type="checkbox"/>						
Around treats	<input type="checkbox"/>						
Around toys	<input type="checkbox"/>						
Around favorite people	<input type="checkbox"/>						
While on walks together	<input type="checkbox"/>						
During play	<input type="checkbox"/>						