



Kitty Hawk Canine Academy

Behavioral Questionnaire

Please save this screening questionnaire to your personal computer and return by email or hard copy to Diana Wilkins at Kitty Hawk Canine Academy
diana.wilkins@kittyhawkvet.com

CONTACT INFORMATION

Your Name: _____ Date: _____ / _____ /2010

Day phone: () - Evening phone: () -

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

DESCRIPTION OF YOUR DOG and BASIC HISTORY

Dog's Name: _____ Age: _____

Breed: _____

Sex: Male Female Altered: Yes No

How long have you owned your dog? _____

Including yours, how many homes has this dog had? _____

The information that you provide below will be treated confidentially and will only be available to those involved in the training program of your dog. Please provide complete and accurate information about your experiences and your dog's behavior and temperament. Do not leave any questions blank and elaborate as necessary.

Thank you,

Diana Wilkins, M.A.
Training Director

What is your reason for consulting KHCA?

What are your goals if you and your dog participate in a behavior and training program?

THE CONCERN:

When did this behavior first occur?

How often does it occur?

Describe any changes in the pattern, frequency, intensity, or length of incidents from onset to present:

What seems to trigger the behavior?

What have you tried to stop the behavior in the past?

What were the results?

Please give a detailed description of the last time this behavior occurred:

What are your goals if you and your dog participate in a behavior and training program?

THE ENVIRONMENT

List other animals in the household:

Species	Breed	Age	Sex	Altered	Living at home when this dog was acquired
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe interactions between the animals in the household:

Do children live in the home? Yes No

How many, age and sex:

How does the dog react to strangers?

Has the dog ever bitten, or attempted to bite, any person or animal? Yes No

If yes, please describe in detail:

Has your dog ever lunged or growled at someone, if so describe:

Where does your dog live primarily? Inside Outside

What percent of the time inside and what percent of the time outside?

Describe a typical day in the life of your dog, beginning with waking in the morning.