

Sibling Rivalry Questionnaire

The information that you will provide on this form is very important in formulating a treatment plan for your dog's behavior problem. Please answer all questions as completely and accurately as possible.

Basic Information

Client Name			
Street Address			
Primary Phone		Secondary Phone	
E-mail		Fax Number	
Who referred you to the behavior clinic?			
Primary Veterinarian			
Clinic Name			
Phone Number			
Pet Name		Age	
Breed		Color	
Sex (M or F)		Neutered (yes or no)	
What is the date of last rabies vaccination:		May we contact your veterinarian for medical records?	

Please list all other pets in the household including species, breed, age, sex, and if they are neutered. Also number which order the pets were obtained in.

Number	Name	Species	Breed	Sex (M or F)	Neutered (Y or N)	Age

Description of Problem

What is the main behavior problem?

Please list any other problems exhibited. Mark the boxes with an X to indicate how serious you consider this problem.

Dog's Name	Behavior Problem	Very Serious	Serious	Not Serious

Chronology of the Behavior Problem

When were the first signs of aggression noticed?

How old were each of the dogs when the first signs appeared?

When did the first **fight** occur?

Did you notice a trigger for the fight?

Describe in detail: who was present, where it occurred, whether food or toys were present.

How frequently do fights or warnings occur?

Has the aggression escalated over time?

What parts of the body has the dog bitten? How severe were the injuries? Describe any injuries to the dogs.

Describe examples of the aggression in detail.

1. Most recent incident.

2. Second to last incident

What do you think elicits the aggression?

Describe the body postures and eye contact of the dogs at home and during the fights.

Describe your dogs' facial expression during these times. Does one dog stare and the other look away?

Are there always warning signals or does one dog attack without warning.

Does one dog defer and the other dog attack anyway? Describe.

What were family members doing at the time of the fights?

Do your dogs fight when you are not present?

Is there a difference in their behavior inside vs. outside?

Do your dogs still initiate play with each other? Do they enjoy walks or car rides together?

Does your dog have moods? Can you tell when your dog is having moody periods?

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

How do you discipline your dogs for this and for other misbehavior?

Does your dog misbehave in general circumstances? If so, describe these circumstances

How do your dogs react to discipline for this and for other misbehavior?

Home environment

Please list each person living in your household, including age, sex, hours away (9am-5pm), and what their relationship to your pet is.

Name	Age	Sex (M or F)	Relationship to Pet	Hours away from home

Daily Schedule

Describe a typical 24-hour day in your dogs' lives.

How do you exercise your dogs?

Are they free in a fenced yard? Tied outside? Run free?

Where do your dogs sleep at night?

Where are your dogs when left alone?

Please draw a rough sketch of your house and yard, including important features (roads, neighbours, dogs, etc.) Use another paper to draw if you'd like.

Diet and feeding

What do you feed your dog?

Do you have mealtimes or free choice feeding?

List your dog's favorite toys and treats?

- 1.
- 2.
- 3.
- 4.

Obedience training

What type of basic obedience training did your dog receive?

Who in the family is the primary trainer?

What percent of the time does your dog obey the following commands, for each member of the family?

Family member	Sit	Down	Stay	Come	Heel

Medical history

Has your dog been diagnosed with any medical conditions?

Is your pet up to date on routine vaccines, including rabies?

Please list any medication that your dog currently receives including preventatives and supplements such as Interceptor, Frontline, and Glucosamine.

Medication	Dosage	How often	Reason Given

Long Term Expectations

How much time are you able to devote to a behavior modification plan?

Describe your expectation for a dog with improved behavior.

1. I am here only out of curiosity, the problem is not serious.	
2. I would like to change the problem, but it is not serious	
3. The problem is serious and I want to change it, but if it remains unchanged, I will keep my dog	
4. The problem is very serious. If it remains unchanged, I will have my dog euthanized or give it up.	

Thank you for taking the time to answer these questions. All of this information will be very helpful in treating your dog's behavior problem.