

BULL TERRIER SURVEY

Date: _____ Dog's Name: _____

Recorder _____ Registered Name: _____

Owner's name: _____ Sire (father): _____

Address: _____ Dam (mother): _____

e-mail address: _____ Date of Birth _____

Telephone: _____ Age of pet now _____

Fax: _____ Age acquired pet _____

Weight _____ Color _____

Sex: Male _____ Female _____

Neutered: Yes _____ No _____

Age neutered _____ Date Neutered _____

Reason for neutering _____

Any behavioral changes after neutering? _____

Does the pet have any pre-existing or current medical problems? _____

BEHAVIORAL PROBLEM

Behaviors

Please **check the left-hand column** if your dog has any of the following behaviors **and provide a brief description.**

1. _____ Tail chasing or spinning

2. _____ "Hypnotized" (freezing and/or stalking gait)
 when walking under things.

3. _____ Staring (at a particular point on the floor
 or wall).

4. _____ Fly-bite, shadow/light chase, flank suck (specify which one).

5. _____ Unusual sensitivity to noise.

6. _____ Fears and phobias (irrational fears)
 e.g. of common objects.

7. _____ Aggression directed toward people
 or objects.

8. _____ Other (please specify)

Behavior	Age of Onset	Frequency of occurrence (hourly, daily, weekly, monthly)	Duration of average bouts (seconds, minutes, hours)	Range of Duration (shortest and longest bouts)	Describe behavior and how long has this has been a problem?
Tail chase/spin					
"Hypnotized"/Trance					
Staring					
Fly-bite Shadow chase Flank suck					
Unusual sensitivity to noise					
Irrational fears and phobias					
Aggression to people or objects					
Other Compulsions					
Other Behaviors					

For **each** behavior checked from page 2, please answer the following questions (if more than one behavior was checked off, please answer the questions for additional behaviors on the back of this page):

1) What conditions elicit the behavior?

2) Can the animal be interrupted when engaged in the activity?

How long before it resumes?

3) Describe any methods used to stop the behavior and the dog's response.

4) Have there been any changes in the pattern, frequency, intensity and duration of bouts from the onset to the present?

Please check the appropriate box if your dog exhibits any of the listed behaviors at any time when you or any member of the family do the following:

	Growl	Lift Lip	Snap	Bite	No aggressive response	Not tried
Touch dog's food while eating						
Walk past dog while eating						
Add food while dog is eating						
Take away real bone or rawhide						
Walk by dog when s/he has a real bone/rawhide						
Touch delicious food when dog is eating						
Take away a stolen object						
Physically wake dog up						
Physically disturb resting dog						
Restrain dog when it wants to go someplace						
Lift dog						
Pet dog						
Medicate dog						
Handle dog's face/mouth						
Handle dog's feet						
Trim the dog's toenails						
Groom dog						
Bathe or towel off						
Take off or put on collar						
Pull dog back by the collar or scruff						
Reach for or grab dog by the collar						
Hold dog by the muzzle						
Stare at the dog						
Reprimand dog in loud voice						
Visually threaten dog: newspaper or hand						
Hit the dog						
Walk by dog in crate						
Walk by/talk to dog on furniture						
Remove dog from furniture: physically or verbally						
Make dog respond to command						

Does your dog get a glazed look in his/her eyes? _____

Does your dog have a Jeckyl and Hyde personality? _____

Do you consider your dog hyperactive? _____

PHYSICAL/MEDICAL PROBLEMS

Does your dog have seizures? Yes _____ No _____

Is your dog deaf? Yes _____ No _____
(If yes, please specify bilateral or unilateral)

Was your dog Baer Tested? Yes _____ No _____

Has your dog been diagnosed with a kidney or heart problem? Yes _____ No _____

Does your dog have any skin problems Yes _____ No _____
If yes, please describe

Has your dog's coat color lightened with age? Yes _____ No _____
If yes, please describe

Does your dog have any relatives that have been diagnosed with lethal acrodermatitis? Yes _____ No _____
If yes, please describe

Does your dog have any other problems? _____

Duration of problem: _____ days; _____ months; _____ years

THE PET

Is your pet calm, timid or relaxed; normally alert and playful; easily excitable or hyperactive?

Behavior patterns of relatives: Have parents and/or siblings expressed any of the behaviors listed in this survey?

List other pets in the household now _____

Other pets that were in the household at the time this one was acquired _____

Describe interactions between pets in the household:

How does pet react to strangers?

Is the animal primarily and indoor or outdoor animal? _____

PET'S DAILY ACTIVITIES

Describe in detail 24 hours of a typical day in the pet's life starting with where the pet is when it wakes up in the morning.

DIET

Type of food given:

Frequency of feeding:

Quantity of food given:

Other:

Please Provide Name & Phone Number of your Local Veterinarian

If possible, please enclose copy of your dog's pedigree along with the completed form

Addendum for Tail Chasers Only

1. Does your dog tail chase every day? _____

If so, how much time per day does your dog spend tail chasing? _____

0--none

1--less than one hour per day

2--1-3 hours per day

3--4-8 hours per day

4--almost all waking hours

2. Does your dog become distressed (anxious, aggressive) when you attempt to interrupt tail chasing bouts via restraint or other measures?

0--no distress

1--distress is mild, infrequent, and not too disturbing

2--moderate distress

3--marked increase in anxiety

4--near constant distress

3. Please give a description of what your dog does when you prevent it from tail chasing.

4. Does your dog seem aware of its physical surroundings when it is tail chasing? Please explain your answer.

5. Does the amount of time your dog spends tail chasing interfere with its normal daily activities? Please circle the category that best explains your answer. Provide examples if possible.

0--no interference

1--slight interference

2--mild to moderate interference

3--definite interference with normal life, but still manageable

4---incapacitates every aspect of life

6. Does the amount of time your dog spends tail chasing interfere with your relationship with your dog? Please circle the category that best explains your answer. Provide examples if possible.

0--no interference

1--slight interference

2--mild to moderate interference

3--definite interference with normal life, but still manageable

4---incapacitates every aspect of life

7. Please estimate what percentage of your dog's active time during a 24 hour period is spent engaged in tail chasing.

8. Has your dog developed any physical problems as a result of tail chasing? Please describe.