

CANINE BEHAVIORAL HISTORY

Please fill out this form to the best of your ability. The more information you are able to provide, the easier it is to correctly diagnose your dog's behavior problem and provide you with the proper individualized treatment plan. All of your answers are confidential.

Date of appointment: _____

CONTACT INFORMATION

1. Your Name: _____
2. Street Address: _____
3. City: _____ State: _____ Zip: _____
4. Home Phone: () _____ Work Phone: () _____
5. Email Address: _____

YOUR PET

1. Dog's Name: _____
2. Breed: _____ Age: _____ Weight: _____
3. Sex: male female Neutered: yes no Age neutered: _____
4. Where did you obtain your pet? _____
5. Age of pet when acquired: _____
6. Why did you choose this breed and/or individual pet? _____
7. List any medical problems: _____

8. List any current medications: _____
9. How many other owners has your pet had? _____
10. Do your pet's relatives have behavior problems? _____

YOUR VETERINARIAN

1. Veterinarian's Name: _____
2. Hospital Name: _____
3. Street Address: _____
4. City: _____ State: _____ Zip: _____
5. Telephone: () _____

YOUR HOUSEHOLD

1. Please list all **people** in household:

Name	Age	Relationship (self, wife, etc.)

2. Please list all **other animals** in household:

Name	Breed	Sex	Neutered?	Age now	Age obtained	Order obtained

3. Please describe your home (single home, attached house, apartment): _____
4. Have you owned pets before? _____ If yes, what type? _____
 When? _____ What happened to other pets? _____

PET CARE

1. What do you feed your pet (brand, dry or canned)? _____
2. How often is your pet fed? _____
3. Who feeds your pet? _____
4. Does your pet get treats? _____ How often? _____ What type? _____
5. Where does your pet sleep at night? _____
6. Where does your pet stay when you are out? _____
7. How many hours is your pet left alone per day? _____
8. Is your pet allowed on furniture? _____

MANAGEMENT

1. How many hours per day does your pet spend outside? _____
2. When outside, is your pet: loose leash walked tied fenced
3. What type of fence? _____
4. How many times (per day/week/month) is your pet walked? _____
5. How long is an average walk? _____
6. Do you play with your pet? _____ If so, how? _____

OBEDIENCE TRAINING

1. Has your dog received formal obedience training? _____ At what age? _____
2. Where was training done? _____ Name of trainer: _____
3. How many lessons? _____ Private or group? _____
4. Method of training: food head collar leash corrections shock clicker
5. What commands does your dog know? _____
6. How well does your dog respond to commands? _____

THE PROBLEM

1. What problems are you having with your dog? _____

2. What happened that made you decide to seek help? _____

3. Duration of problem: _____ Age of pet when started: _____

4. Please describe the **first** episode that you remember:

When was it? _____

Please describe the incident *in detail*: _____

What was your dog doing before and after the incident? _____

How did you react? _____

5. How often does the problem occur (times per day, week, month) _____

6. How has the frequency or intensity changed since problem first started? _____

7. When or where does the problem occur? _____

8. What have you done to try to resolve the problem? _____

RECENT EPISODES

1. Please describe the **most recent** episode that you remember:

When was it? _____

Please describe the incident *in detail*: _____

What was your dog doing before and after the incident? _____

How did you react? _____

2. Please describe the **second most recent** episode that you remember:

When was it? _____

Please describe the incident *in detail*: _____

What was your dog doing before and after the incident: ? _____

How did you react? _____

3. Please describe the **third most recent** episode that you remember:

What was it? _____

Please describe the incident *in detail*: _____

What was your dog doing before and after the incident? _____

How did you react? _____

AGGRESSION SCREEN

1. Has your dog ever bitten a person? _____ If yes, was it reported? _____

Did the bite break skin? _____ Was your dog quarantined? _____

Did the bite require medical treatment? _____

2. Has your dog ever bitten another animal? _____ If yes, what kind? _____

Was it reported? _____ Was your dog quarantined? _____

Did the bite require medical treatment? _____

Please indicate your dog's reaction to the following situations by placing an "X" in the appropriate column.

Situations	No Reaction	Lift Lip	Growl	Bark	Lunge	Snap	Bite	Not tried
Dog eating out of its bowl...walk by, reach for, or take bowl away								
Dog is eating a real bone...walk by, reach for, or take								
Dog is eating rawhide or pig's ear...walk by, reach for, take away								
Dog has stolen non-food item...walk by, reach for, take away								
Dog has toy...walk by, reach for, take away								
Walk by or disturb sleeping dog								
Push dog off bed/sofa								
Disturb dog while in crate								
Physically restrain dog								
Pull back by collar when barking								
Lift dog up								
Put on leash, collar, or harness								
Brush/groom dog								
Trim dog's nails								
Wipe dog's feet or face with towel								
Medicate ears/eyes/give pills								
Cause pain (remove tick, step on tail)								
Hug dog								
Suddenly reach for or over dog								
Push dog into a sit/down								
If dog is sitting with a person and another person approaches								
Yell at dog loudly								
Punish with a visual cue (i.e. point a finger)								
Physically punish (scruff, shake, hold muzzle, swat, hit)								
Stare at dog								
Dog at veterinarian's office								
Dog at groomer's								
Strangers walks past the home or yard								
Stranger approaches the home								
Stranger enters the home								
Stranger walks/by approaches the car								
Going through drive-thru with dog in car								
Dog on leash passes stranger								
Dog on leash approached by stranger								
Dog approached by unfamiliar children								
Dog on leash approached by another dog								

ATTACHMENT

1. On a scale of 1 to 10 how serious is this problem to you (1 is not serious, 10 is very serious)? _____

2. Why haven't you given up your pet? _____

3. Have you considered putting your dog to sleep? _____

ADDITIONAL COMMENTS
