



General Canine Behavior History

Owner _____ Email _____ Date _____

Address _____

Home Phone _____ Cell Phone _____

Veterinarian Information (who is your regular veterinarian?)

Dr. _____ Clinic Name _____

Address _____

Phone _____ Fax _____

General Information

Pet's Name _____ Age _____ years Sex: Male [] Female []

Breed _____ Color _____ Weight _____

Neutered or Spayed: Yes [] No [] If, yes, at what age? _____ At what age did you obtain the dog? _____

Where did you obtain this dog (friend, breeder, pet shop, humane society, other)?

Behavior of parents or littermates (if known):

Briefly describe the dog's personality:

Diet and Home Environment:

What brand of food do you feed your dog? _____ Amount per meal _____

Free choice or specific meal times (describe) _____

Is dog fed table scraps? Yes [] No [] If, yes, describe _____

Which family member feeds the dog? _____

Does dog eat treats? Yes [] No [] If, yes, describe type and how often? _____

Time spent indoors _____ % outdoors _____ %

Is the dog left alone during the day? Yes [] No [] If, yes, how long? _____

In what area of the house is the dog kept:

- a. When family is home: _____
- b. When family is away: _____
- c. When family is asleep: _____
- d. When guests visit: _____

Do you take your dog for walks? [] No [] Yes How often and for how long? _____

What other ways do you help the dog burn off excess energy? _____

Who walks or exercises the dog? Explain:

List all other pets in the home:

	<u>Name</u>	<u>Species (Dog / Dog / Other)</u>	<u>Sex [M] [F]</u>	<u>Intact [I], Spayed [S], Neutered [N]</u>	<u>Age</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Describe this dog's relationship with the other pets (e.g., friendly, hostile, fearful, etc).

List each family member living in the home (include sex and age of children):

Briefly describe how your pet gets along with each family member including any problems?

Training:

Did you socialize your dog as a young puppy (less than 12 weeks of age)? Y/N Describe:

Has this pet had any obedience training? None Class Private instructor I trained dog myself

Describe any training the dog has had: Reward-based Assertive/domineering Aversive/mostly correction
 Other Explain:

How effective were the training methods you tried?

List any collars you have tried and the dog's response:

Does your dog **sit, down, stay, come?** (circle) How long can your dog remain in a sit/stay? Down/stay?

Handling:

How does your dog react to the following types of handling:

- | | |
|------------------|----------------------------|
| Nail trimming? | Ear cleaning? |
| Brushing? | Bathing? |
| Rubbing belly? | Patting head? |
| Grabbing collar? | Being lifted? |
| Rolling over? | Teeth brushing? |
| Giving pills? | Giving liquid medications? |
| Hugging/kissing? | |

Housetraining:

Is your dog completely housetrained? No Yes

If there have been any "accidents", describe how often and why you think they occur? (i.e. Only when dog is home alone; When there's a thunderstorm, missed the dog's signal, etc.)

Medical Screen:

Appetite: Normal Voracious Decreased Picky Increased Eats fast

Stools: Normal Constipation Less frequent More frequent Soft/diarrhea

Urine: Normal Infrequent More frequent

Does your pet have any arthritis or other painful conditions? No Yes If yes, describe:

Does your pet have any other medical conditions? No Yes If yes, describe:

Is your pet on any medications or dietary supplements? No yes If yes, describe (include name, dosage, duration):

Have you noticed any deficits in your pet's senses? No Yes If yes, describe:

Does your pet drink or urinate excessively? No Yes If yes, describe:

Has your pet had any laboratory tests (blood, urine, X-rays, etc)? No Yes If yes, indicate any abnormal findings:

Please attach a copy of recent lab results (within the past 3-6 months).

Additional Comments:

Anxiety/Fear Screening:

Is your dog noise sensitive? No Yes If yes, describe:

Does your dog show any signs of a phobic/excessive-fear/panic response to any triggers or situations? (*i.e. dilated pupils, shaking/trembling, panting, pacing, hiding, acting "desperate"*) No Yes If yes, describe (include what triggers the response and how long it lasts):

Does your dog show any signs of shyness/timidity (non-aggressive), i.e. ears back, cowering, tail tucked, shaking, retreating, hiding, etc. No Yes If yes, discuss any situations not discussed previously where your dog is fearful or overly anxious:

How long after exposure to these events are finished does your dog settle down (i.e. back to normal)?

Additional problems or comments:

If any of the signs of fear/anxiety etc are triggered when the dog is left home alone, please also fill out the questionnaire for possible separation anxiety.

Reactivity: Indicate how your dog reacts to each of the following

(check all that apply)

Familiar dogs on property: Calm Excited Ambivalent Fearful Friendly Aggressive

Familiar dogs off property: Calm Excited Ambivalent Fearful Friendly Aggressive
New dogs on property: Calm Excited Ambivalent Fearful Friendly Aggressive
New dogs off property: Calm Excited Ambivalent Fearful Friendly Aggressive
Strangers outside on property: Calm Excited Ambivalent Fearful Friendly Aggressive
Strangers off property: Calm Excited Ambivalent Fearful Friendly Aggressive
Car rides: Calm Excited Ambivalent Fearful Friendly Aggressive
Thunderstorms/fireworks: Calm Excited Ambivalent Fearful Friendly Aggressive
Other loud noises (i.e. shout): Calm Excited Ambivalent Fearful Friendly Aggressive
How does your dog act when someone (known or stranger) comes to the door?

How does your dog act when you encounter another dog or a person while walking on-leash?

Aggression screen:

Has your dog ever displayed any of the following:

Threatening displays? No yes

Growling? No Yes

Bite attempts? No Yes

Bites? No Yes

If you answered yes to any of the above questions, please describe the most recent display (including how long ago it occurred):

Do aggressive displays occur often? No Yes Explain:

What seems to be the trigger? If there is more than one trigger, please list:

Note: If aggression occurs often (in your opinion), please fill out Aggression Questionnaire.

Primary Complaint (The reason for the consult):

Please describe the primary problem:

How would you describe the severity of this problem? (circle one) Mild Moderate Severe

How long ago did this behavior start?

What age was your pet when this problem started?

What do you think caused this problem?

Describe the most recent incident:

Has anything changed in the home in relation to the start of this behavior issue?

What has been done so far to try and correct the problem?

What was the dog's response?

List any techniques that have been at all successful:

List any techniques that have made the problem worse:

List any medications (include dosage) that have been used so far, and the dog's response to medication:

List any dietary treatments, supplements, or remedies and the dog's response:

Miscellaneous: *Please check if any of the following behaviors are an issue (unless answered already elsewhere)*

Jumping on owners: No Yes

Jumping on strangers or guests: No Yes

Won't come when called: No Yes

On furniture where not permitted: No Yes

Nips/grabs with mouth: No Yes

Stool eating: No Yes

Garbage raiding: No Yes

Destruction: (chewing, digging, other) No Yes

Excessive grooming: No Yes

Repetitive/compulsive behavior

Tail chasing: No Yes

Sucking: No Yes

Star gazing: No Yes

Fly chasing: No Yes

Light chasing: No Yes

Staring: No Yes

If yes to any of these, describe:

Chasing: No Yes Describe:

Hunting/predation: No Yes Describe:

Vocalization: barking No Yes Howling No Yes Whining No Yes

If yes, describe:

Comments: (include any issue that hasn't been covered)