

Canine Behavioral History Form

Instructions: Fill out this form with as much detail as possible prior to your behavior consultation. This form should be completed and sent to First Regional Animal Hospital (fax or email) 24 hours prior to your appointment.

Client Name: _____

Phone #: (home) _____

(work) _____

Client Email: _____

Other Contact Information: _____

Dog's Name: _____

Breed: _____

Age: _____

Sex: _____

Neutered? Yes / No If yes, at what age? _____

Weight: _____

Referral Information:

Veterinarian's Name: _____

Address: _____

Phone #: _____

Fax #: _____

The main behavior problem or chief complaint is:

Why was the dog obtained?

Where did you obtain your pet from?
Breeder/ pet store/ Rescue

How many previous owners did the pet have?

How old was your pet when you first brought it home?

Describe the people living in your household:

Name	Age	Gender	Work schedule	Dogs' relationship with individual

What other animals are in the household/premises, and how does this pet interact with them? List in order of acquisition

Name	Species	Breed	Age	Relationship

Where does the dog stay...

During the day:

At night:

When guests come over:

How is the dog exercised? (circle all that apply)

Fenced yard

Leash walk

Run free

What method of housetraining was used? (circle all that apply)

Crate confinement Punishment Puppy pads/papers
Kept outside Confined to small area
Umbilical cord Other _____

Age when completely housetrained:

Does your dog ever eliminate in the house now?

If yes, how often?

Has your dog had any formal obedience training? Check all that apply, and describe the training methods used:

- Private training sessions: _____
- Agility classes: _____
- Specialized training (hunting, harness, tracking)

Name(s) of local trainers or facilities used:

Which of the following training tools have you used?

- Head collar (Gentle leader, Halti, Snoot Loop, Behave)
- Chain choke collar
- Leather choke collar
- Metal pinch collar
- Citronella collar
- Shock collar
- Clicker
- Muzzle (cloth, leather, basket)

Mark the commands that your dog knows and how well it obeys each

- | | | | |
|---------------------------------|------|------|------|
| <input type="checkbox"/> Sit: | Good | Fair | Poor |
| <input type="checkbox"/> Stay: | Good | Fair | Poor |
| <input type="checkbox"/> Come: | Good | Fair | Poor |
| <input type="checkbox"/> Down: | Good | Fair | Poor |
| <input type="checkbox"/> Heel: | Good | Fair | Poor |
| <input type="checkbox"/> Fetch: | Good | Fair | Poor |

What food is your dog fed?

How often?

Are you able to take the food away?

What are your dog's favorite treats?

Pertinent medical history:

List all current medications:

Mark all of the following that apply to your dog:

- Aggressive to the veterinarian
- Aggressively guards food, toys or objects
- Guards property (house, car, bed, kennel)
- Guards or protects individuals
- Aggressive to children
- Aggressive to other dogs
- Aggressive to other small animals (cats, birds, etc)
- Aggressive on leash walks
- Protective, afraid or aggressive when reaching for dog's head
- Urinates or defecates in the house
- Destroys property
- Afraid of loud noises: which ones?
- Barks excessively
- Seems constantly anxious
- Licks or chews coat excessively
- Overly timid
- Wanders aimlessly, seems lost or confused
- Lacks basic obedience
- Jumps on people
- Solicits attention constantly from: