

Owner information

Name:

Email:

Phone:

Address:

Dog Information

Dog's Name

Dog's Age :

Dog's age when adopted or purchased :

Sex of Dog: Male Female

Spay/Neuter Status: Intact Spayed/Neutered

Breed or Type:

Vaccinations

Are your dog's vaccinations current?

Veterinarian or Veterinary Hospital with your dog's records on file:

Reason for Behavior Evaluation

What is the main problem or concern?

How often is the main problem occurring?

- Once a month or less
- No more than once a week
- Several times a week
- Every day
- Multiple times per day

This problem is increasing in

- Frequency
- Intensity
- Duration
- None of the above

Please check off any additional issues.

- Not housebroken
- Urinates when excited or afraid Mounts
- humps people or objects
- Jumps up
- Overactive
- Doesn't settle easily
- Nervous or easily stressed
- Fearful or shy
- Nuisance barking
- Demanding/Needy
- Barking
- Chews destructively
- Bolts through open doors
- Pulls on leash
- Doesn't come when called
- Unresponsive to name or commands
- Inattentive/short attention span
- Play biting/mouthing
- Steals food or objects
- Guards food, toys or objects
- Guards people
- Guards space or territory
- Aggressive toward people
- Aggressive toward dogs
- Growls at family members
- Has injured one more person
- Has injured one or more dog
- Separation Anxiety
- Other

- If guarding, please explain (what and when):

- If aggressive, please explain (what and when):

- If has bitten or caused injury to a person, please explain (who, when, where, extent of injuries):

- If has bitten or caused injury to another dog, please explain (who, when, where, extent of injuries):

- If other, please explain.

Describe the most serious incident that has so far occurred:

Describe the most recent incident.

What have you done to address or correct the above issues? (Please explain when and for how long.)

Were these methods effective? (Please explain.)

What of the above are your most urgent priorities?

What are your long-term goals for your dog?

Household Information

How many adults reside in your household? (Please list.)

How many children? (Please list names and ages.)

What other pets do you own?

How many visitors come to the home on average each week?

Is your dog's interaction with any of the above a concern? (Please explain.)

Is this your first dog? If not, please list former dogs by breed.

In what style of home do you live? (House or apartment, how many stories, etc.)

Do you have a yard?

If yes, is it securely fenced?

Do you tie your dog out?

How much time does your dog spend in the yard unattended?

Where does your dog sleep?

Do you crate your dog?

If so, when and how does he tolerate it?

Do you ever confine your dog to a room or area of the house?

How much time does your dog spend loose in the home unattended?

General History

How did you choose your current dog?

Where did you purchase or adopt?

Do you know or were you given information regarding your dog's parents, littermates, or early history?

Is your dog social with new people?

Is your dog social with other dogs?

How much social interaction with other dogs has your dog had, either on-leash or off?

Do you visit dog parks or send your dog to daycare? If so, where and how often?

Describe your dog's play style or manner of interaction with other dogs?

Describe the methods you've used to train your dog in the past, including a list of training equipment your dog is familiar with.

If you have worked with a trainer or behaviorist previously, describe what that entailed.

Check off any commands or skills your dog knows or has.

- Sit
- Down
- Stay
- Come
- Heel
- Off
- Leave It
- Loose-leash Manners
- Touch
- Watch Me
- Out
- Drop
- Free
- Okay
- Hand Signals
- Other commands or skills

If hand signals or other commands, please list.

Health History

What do you feed your dog, how often, and how much?

Is your dog under or overweight?

Please list any current or recent medications. If current, please give dosage and schedule.

Has your dog been diagnosed with, or do you suspect, any medical conditions?

Has your dog ever suffered any serious injuries? (Please explain.)

Aggression History

If your dog has bitten, was it reported? Please give details.

Was skin broken, or medical treatment required? Please give details.

When did you first notice signs of aggression. Please explain.

Check any known or suspected aggression triggers.

- Stranger approaching
- Stranger passing
- Direct or heavy eye-contact
- Approach or physical contact while eating
- Approach or physical contact while resting
- Approach or physical contact while having a toy
- Verbal correction
- Leash correction
- Other physical correction or punishment
- Approach or presence of children or infants
- None

What are your expectations or goals with this behavioral consult?

Is there anything else in your dog's history that we should know?