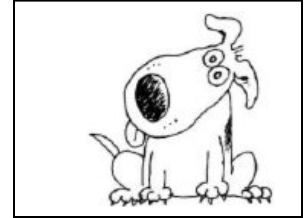


CANINE BEHAVIORAL HISTORY



This history form will help us to get a complete history on your dog and the information is critical in order to address your current behavior issues. Please answer the following questions and send this form (mail/fax/email/drop off) back to us. Our email address is reception@friendshipanimaldoc.com.

General Information

Date: _____ Dog's Name: _____
Client's Name: _____ Age: _____
Address: _____ Sex: M / F
Zip Code: _____ Spayed/Neutered: Y / N
Home Phone: _____ Breed: _____
Daytime Phone: _____

Who is your regular veterinarian?

If other than Friendship Animal Hospital:

Dr. _____
Clinic Name: _____
Phone: _____

Behavior Problem

What current behavior problems are you having with your dog?

When did you first notice these problems (age of dog)?

Does anything specifically "trigger" this behavior?

How frequently does this behavior occur (daily, weekly, monthly, etc.)

Describe a few of the most recent incidents in detail:

What do you do when the undesired behavior occurs?

What have you done so far to correct the problem?

Dog's Background

Why did you decide to get a dog?

Why did you choose this breed?

Where did you get this dog?

Have you owned dogs before? Y / N

How old was the dog when you brought it home? _____

Describe your dog's behavior as a puppy:

Has this dog had other owners? Y / N
If yes, why was dog given up?

Previous experience of dog (if known)

At what age was your dog neutered/spayed? _____

Any behavior changes noticed after neuter/spay?

Home Environment

Please list the people, including yourself, living in your household:

Name

Hours Away From Home Daily

Please list all of the animals in the household in order of when you acquired them:

Name Species Breed Sex Age When Acquired

Have you moved since acquiring your dog? Y / N
If so, how many times? _____

Has your household changed since acquiring your dog? Y / N
If so, please describe:

Diet and Feeding

What do you feed your dog?

How much do you feed? (Please include meal times and amounts)

Has your dog's appetite: INCREASED / DECREASED / NO CHANGE

Who feeds the dog? _____

In what location? _____

What is your dog's favorite treat?

Would you say your dog is "food motivated" Y / N

Daily Schedule – Typical 24 Hour Day

Please describe a typical 24 hour day in your dog's life:

How does the dog behave with familiar visitors?

How does the dog behave with unfamiliar visitors (adults and children)?

How do you exercise your dog?

Is the dog free in a fenced in yard? Y / N

If no, is the dog tied out? Y / N

Does the dog ever run free (off leash)? Y / N

Is your dog housetrained? Y / N

Does your dog ever urinate in the house? Y / N

Does your dog ever defecate in the house? Y / N

Where does your dog sleep at night? _____

Where is your dog when alone in the house?

How does your dog behave while you are leaving the house?

How does your dog behave when you return home?

What words would you use to describe your pets personality?

Training

What training has your dog had? NONE / TRAINED AT HOME / CLASSES

How old was your dog when training started? _____

Who in the family is the primary trainer? _____

What percent of the time does your dog obey the following cues:

SIT _____

DOWN _____

STAY _____

COME _____

HEEL (Don't pull on leash) _____

What type of collar does your dog wear?

What type of leash do you use with your dog? (retractable, 6 ft leash)

Does your dog know any tricks?

Does your dog jump up on you or others without permission? Y / N
If yes, what do you do when he does that?

Does your dog paw at you for attention? Y / N
Does your dog bark at you for attention? Y / N
If so, what do you do when he does that?

Does your dog mount people, animals, or objects? Y / N
LOW / AVERAGE / HIGH / EXCESSIVE

Medical History

Does your dog have any current medical problems?

Is your dog currently on any medication? Y / N
If so, please list:

Where are you on a scale of 1 to 5 as follows (circle one):

1. I am here only out of curiosity – problem is not serious.
2. I would like to change the problem, but it is not serious.
3. The problem is serious and I would like to change it, but if it remains unchanged that's all right.
4. The problem is very serious and I would like to change it, but if it remains unchanged I will keep my dog.
5. The problem is very serious and I would like to change it, if it remains unchanged I will have to give up my dog or euthanize.

What is a 'livable' outcome and your current goals for these behavior issues?

AGGRESSION SCREEN

GR – Growl
 SL – snarl/bare teeth
 SB – snap/bite
 NR – no reaction
 NA – not applicable

	GR	SL	SB	NR	NA
Pet dog					
Hug dog					
Lift dog					
Call off furniture					
Push/Pull off furniture					
Approach on furniture					
Disturb while resting/sleeping					
Approach while eating					
Touch while eating					
Take dog's food away					
Take human food away					
Take water dish away					
Take rawhide from dog					
Take biscuit or treat from dog					
Take toy/object from dog					
Approach when dog has toy/object					
Verbally punish					
Physically punish					
Visual threat					
Speak to dog (normal tone)					
Stare at dog					
Bend over dog					
Push on shoulders/back					
Approach dog near spouse					
Enter room					
Leave room					
Reach toward dog					
Leash restraint					

	GR	SL	SB	NR	NA
Scruff restraint					
Put leash on/take off					
Put collar on/take off					
Bathe dog					
Towel dog					
Groom/brush dog					
Dog at Groomer's					
Trim nails					
Leash/collar correction					
Response to "Sit"					
Response to "Down"					
Dog at Veterinary Clinic					
Strange adult enters house or yard					
Strange child enters house or yard					
Familiar adult enters house or yard					
Familiar child enters house or yard					
Response to toddlers/babies					
Dog in car					
Adult approaches owner (dog on leash)					
Child approaches owner (dog on leash)					
Dog in house, people outside					
Response to other dogs (on leash)					
Response to other dogs (loose)					

Thank you for taking the time to complete this behavior history. Please return it as soon as you are finished. Thanks!