

Today's Date: _____

Name: _____

Preferred Pronouns:

Address: _____

Primary Phone: _____ Primary Email: _____

Do you wish to be contacted by phone or email? Phone Email

Name of Pet: _____

Breed: _____ Date of Birth/Age _____

Sex: _____

Neutered or Spayed? Neutered Spayed Not Fixed

Who is your regular veterinarian? _____

Clinic name? _____

Who were you referred to our clinic by? _____

(please provide name)

We may offer treats during the consultation. Please let us know if that is OK and if so, does your dog have any food allergy/ sensitivity?

*Names of additional family members and ages in the household AND Names of additional pets in household (age, sex, breed)

Behavior Problem

What is the primary behavior problem or complaint?

Additional problems, please list:

How frequently do the problem(s) occur? (how many times daily, weekly or monthly)

What are some good qualities about your dog?

Dog's Background

Why did you decide to get a dog?

How old was your dog when he/she was acquired and where was he/she acquired from?

If you obtained this dog as a puppy, how many dogs were there to choose from?

Describe your dog's behavior as a puppy:

Did you meet the parents? If yes, please describe their behavior:

Has this dog had other owners? If yes, how many?

At what age was your pet neutered/spayed?

Diet and Feeding

What do you feed your dog? (Please be specific, e.g. brand name)?

What are the meal times, or is the bowl left out all day?

Does your dog finish each meal?

Location of meals:

Daily Schedule

Please briefly describe a typical 24-hour day in your dog's life and when the problem behaviors occur)

How does your dog behave with familiar visitors?

How does your dog behave with unfamiliar visitors (children or adults)?

How do you exercise your dog?

Is your dog free in a fenced yard? If yes, what type of fenced yard?

Is your dog house-trained?

Where does your dog sleep at night?

Where is your dog when alone in the house?

Where is your dog when you have guests?

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

Training

Has your dog ever attended a training class or had a trainer come to your home? If so, please give details (when, where, age of dog, who trained dog).

What skills did you work on with the trainer or class?

What method of training was used (i.e. clicker training, leash corrections, special collars, etc.)

Name of trainer?

Please list all behaviors (sit, down, shake, etc.) that your dog has been trained to offer?

Have you done any specialized training with your dog (i.e. agility, tracking, fly ball)?

Have you consulted any other behavior specialists prior to your appointment with us? If so, who?

Who in your family is the primary trainer?

Reinforcers are things your dog loves (like treats, toys, play, or even attention from you). Please list your dog's reinforcers in order of the value they hold for him/her with #1 being their absolute favorite.

Does your dog jump up on you or others without permission?

Does your dog paw at you or at others?

Does your dog mount people, animals or objects? If yes, whom or what does he or she mount?

Does your dog ever bark at you? If yes, when?

Does your dog bark at other times? Please describe:

What is your dog's activity level in general:

Low Average High Excessive

Medical History

*Is your dog on any medication now? If yes, please list name, dosage, and frequency.

*Has your dog been on medication in the past?

*Please list any previously diagnosed medical problems and how they were treated.

*Date of most recent rabies vaccination? (1 year or 3 year)

***Aggression Screen**

GR - growl

SL - snarl/bare teeth

SB - snap/bite

NR - no reaction

NA - not applicable

Place the above behavior codes next to each question

Pet Dog	Hug Dog	Kiss Dog
Lift Dog	Call Off of Furniture	Approach on Furniture
Disturb While Resting/Sleeping	Approach While Eating	Take Dog Food Away
Take Human Food Away	Take Water Dish Away	Take Bone/Chew
Take Toy/Object	Approach When Dog Has Toy/Object/Bone	Verbally Punish
Speak at Dog (normal tone)	Bend Over Dog	Approach Dog Near Partner
Enter Room	Leave Room	Reach Toward Dog
Put Leash/Collar On/Off Put		Bathe Dog
Groom/Brush Dog	Trim Nails	Dog at Veterinary Hospital
Response to "Sit"	Response to "Down"	Unfamiliar Adult Enters Yard/House
Unfamiliar Child Enters Yard/House	Familiar Adult Enters Yard/House	Familiar Child Enters Yard/House
Response to Toddlers/ Babies	Dog in Car at Gas Stations/Drive-thrus	Unfamiliar Adult Approaches Dog on Leash
Unfamiliar Child Approaches Dog on Leash	Dog in House, Sees People Outside	Response to Other Dogs While on Leash
Response to Other Dogs While Not on Leash		

Aggression Towards People

(Please skip to the next section if aggression towards people is not the problem.)

Please answer these characteristics of your dog's aggressive behavior:

- A. I can usually tell what will set off my dog?
- B. The aggressive behavior is new and uncharacteristic?

Has your dog bitten and broken skin? Please describe each bite incident in detail (if applicable) and the total number of bites (that did or did not break skin):

Total number of episodes of aggression (growling, snapping, biting)? Describe typical episode (eg. does dog growl, lunge or bite, and in what circumstance?)

What parts of the body has the dog bitten, and how severe were the injuries?

Who is/are the target(s) of aggression?

Did your dog bite as a puppy, or growl/snap at a person? If yes, please describe the situation, and include age of your dog at the time:

Expectations

*What are your goals for you and your dog with working with a veterinary behavior clinic?

Any Additional Comments: