

Please make sure to complete ALL sections of this form. Thank you!

Today's Date: _____

Name: _____

Preferred Pronouns: _____

Address: _____

Our team's primary method of correspondence with clients is by email. Please let us know which email is best to reach you at below:

Primary Email: _____

Primary Phone: _____

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?

Please provide name(s) and (age)s of all family members (ages) in the household:

Please provide name(s) of additional pets in household (age, sex, breed), as well as the order of acquisition:

Behavior Problem

What is the primary behavior problem or complaint?

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

What have you done so far to try and improve the problem(s)?

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 (age and date)?

Where was he/she acquired from?

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

Describe your dog's behavior as a puppy:

Medical History

*At what age was your pet neutered/spayed?

*Please list any current medical problems.

*Is your dog on any medication (including behavior medications) now?

If yes, please list the name, dosage, frequency AND response:

1.

- 2.
- 3.

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

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

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

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

How does your dog behave during a veterinary visit? Please describe:

Diet and Feeding

What do you feed your dog? (Please be specific ex.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:**

What is your dog's activity level in general:

Low Average High Excessive

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?

Equipment:

*What equipment do you use with your dog (ex. type of collar(s), harness, muzzle, leash, etc.)

Training:

*Has your dog worked with a trainer and if so, please provide the name of the trainer and/or facility?

What skills did you work on with the trainer?

*What method of training was used (i.e. treat training, clicker training, leash corrections, prong collar, or electric collar, etc.)?

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

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.

***Fear and Anxiety Profile**

***Separation Anxiety**

Where is your dog when alone in the house?

What does your dog do when he/she is home alone? Have you used a video to watch your dog while they are home alone?

How often and how long is your dog left home alone?

How does your dog behave when you return home?

***Noise Phobia**

Does your dog exhibit a fearful response to any noises?

If yes, what noises?

If yes, what behavior(s) does your dog exhibit during these noise events (ex. Pant, shake, hide, bark, etc.)?

***Repetitive Behaviors**

Does your dog show any abnormal, or repetitive behaviors (example: spinning, light chasing)?

If yes, what behavior(s) does your dog exhibit and what is the frequency/ duration?

***Hyper Arousal Behaviors**

Does your dog jump on, mouth, or mount you or others without permission? When?

***Behavior Profile**

***Behavior Around Resources**

Does your dog exhibit aggressive behavior over resources?

If yes, what are the resources (ex. food, toys, human attention, etc.)?

If yes, what does your dog do (ex. growl, stiff stare, snap, etc.)?

Whom does your dog exhibit this behavior towards? (ex. Family members, other pets in the home, etc.)

***Profile Towards Unfamiliar People**

What does your dog do when they see an unfamiliar person or child? Please describe their behavior.

Where is your dog when an unfamiliar person or child comes into your home?

***Profile Towards Unfamiliar Dogs**

What does your dog do when they see an unfamiliar dog? Please describe their behavior.

What does your dog do when they see a familiar dog (non-housemate)? Please describe their behavior.

***Aggression Profile Towards Familiar People (Family Members)**

Does your dog exhibit aggressive behavior (growl/lunges/snarls/bare teeth/snap/bite) towards you or any of your family members when handled?

If yes, in what circumstance?

(example: petting your dog, trimming nails, handling/picking up, disturbing your dog while resting, putting on a collar/harness/leash, etc.)

***Aggression Towards Household Pets**

Has your dog ever shown any aggression towards another dog or cat in your home?

If yes, describe in detail.

Has there been an incident that has escalated into a fight between your pet and another dog or cat in your home? If yes, describe in detail.

***Bite History**

Has your dog bitten and broken skin on a person?

Please describe each bite incident in detail and the total number of bites (that did or did not break skin):

Expectations

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

Any Additional Comments: