

GENERAL INFORMATION

Name:		Date:	
Address:		Postal (zip) code:	
		e-mail:	
	Phone: Home: ()	Fax: ()	
Veterinarian/clinic:		Clinic phone/fax if known:	

PET INFORMATION

Pet's name:		Breed:		Color:				
Age:		Weight:	Sex		Neutered?			
Age altered	Any change after altering?							
Age obtained:	Where did you obtain this pet? (Circle selection)	Pet store	stray	Breeder	Shelter	Friend	Newspaper ad	Other:
Breeder, if applicable:								
Behavior of parents or littermates?								
History from previous home (if applicable.)								

REASON(S) FOR CONSULTATION

Please list behavior problems in order of importance:					
Behavior/Training Issue:	Severe	moderate	mild	Length of time problem has existed	Frequency of problem (once weekly, daily)
1.					
2.					

TRAINING OBJECTIVES

Please list training items in order of importance:					
Skill/Cue (ex: loose leash walking, greeting strangers etc.)	Severe	moderate	mild	Length of time problem has existed	Frequency of problem (once weekly, daily)
1.					
2.					
3.					

INFORMATION ON PRESENTING BEHAVIOR/TRAINING CHALLENGES

What do you think has caused the problem(s):

Describe the problem/misbehavior – last incident: (make sure to include such descriptions (if possible) of the dog's body posture, locations of other people or animals in the vicinity, circumstances that you believe stimulated the problem, etc)

Describe previous incidents:

Has there been a recent change in frequency of the behavior?

What has been done so far to try and correct the problem?

What has been the dog's response?

List any techniques that have been successful:

List any techniques that have made the problem worse:

List any drugs that have been tried so far and the dog's response to the medication:

List any other dietary treatments, supplements or remedies and the dog's response:

FAMILY / RELATIONSHIPS

List each family member living in the home with the pet (include sex and age):

How does your dog get along with each family member?

Briefly describe the family schedule, including how long the dog is left alone:

List the pets in your household:

Name	Species	Breed	Sex Spayed/neutered?	Age obtained	Age Now

How do the pets get along with each other?

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TRAINING

Any formal training?	Yes	No	Class Trained at home	Private instructor	Name of trainer/behaviorist/company:
Was the training successful?					
Is there any ongoing training? Y N If yes, describe:					
Type of training			Dog's response:		
Treats/Toys/Clicker (positive reinforcement.)					
Remote collar (if yes, indicate type e.g. shock, citronella, etc)					
Head halter (such as Gentle Leader®, Halti®)					
Body Harness					
Other (choke, pinch, prong)					
How would you describe the training?		Reward-based	Assertive/dominance	Aversive/mostly corrections	
Other					

Are there any other cues or tricks your dogs knows?

Physical/Mental Exercise

What type of exercise does your dog get?	How Often? (amount per day/x many days a week.)
Leash Walks	
Off Leash	
Yard	
Fetch	
Toy play	
Meals in puzzles/Kongs/Lick Mats	
Chew Toys	
Other:	

Handling

How does your dog react to the following types of handling?

Nail trimming:	Giving pills:
Brushing:	Hugging/kissing:
Rubbing belly:	Patting head:
Grabbing collar:	Lifting:
Rolling over:	Bathing:

Medical Screen

Are there any past or present illnesses?			
Is your dog current on their vaccinations?			
When was your dog's last vet visit and what was the reason for it?			
Any painful conditions? Yes No (If yes, please describe)			
Any allergies? If yes, please list:			
Diet: (Brand, dry/canned)			
Describe appetite: Voracious <input type="checkbox"/> Normal <input type="checkbox"/> finicky <input type="checkbox"/> Decreased <input type="checkbox"/>			
Any changes in stool?		Any change in drinking? More <input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/>	
Any change in urination? Same <input type="checkbox"/> More frequent <input type="checkbox"/> Less frequent <input type="checkbox"/>		Any food intolerances? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what?	
Larger volumes <input type="checkbox"/> Smaller volume <input type="checkbox"/>			
Is your pet on any other medications? (besides the drugs listed under primary behavior complaint) Make sure to include supplements			
DRUG NAME:	DOSAGE:	FREQUENCY GIVEN (times per day)	DURATION OF MEDICATION

REINFORCER/MOTIVATION ASSESSMENT				
If your dog were allowed to have any treat, what would he/she prefer? List top five:				
1.	2.	3.	4.	5.
What other types of rewards does your dog enjoy? (play toys, walks, attention / affection). List top five:				
1.	2.	3.		
4.	5.			

HOUSETRAINING SCREEN (If your pet is not house soiling, skip this section)	
Was your dog ever completely housetrained? Yes <input type="checkbox"/> No <input type="checkbox"/>	At what age was he/she considered housetrained?
How often does your pet house soil? (i.e. several x/day, weekly or monthly?)	Is it urine, stool or both?
When is the dog most likely to house soil?	
Do you have a doggie door? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does your dog use the doggie door? Yes <input type="checkbox"/> No <input type="checkbox"/>
In what rooms does your dog tend to soil?	Is there a room/location in which the dog does NOT soil?
Does your dog soil when family members are home?	
Does your dog soil directly in front of a family member?	
What do you do when you find urine or stool in the improper location?	
Does your dog urine mark? (urinate on upright objects)	
How many times per day does your dog have a chance to go outside to eliminate?	
How long is the longest confinement without access to outside? (if any)	
Is your dog crated? Yes <input type="checkbox"/> No <input type="checkbox"/> Is there ever urine in the crate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your dog leak urine when: Sleeping? <input type="checkbox"/> Walking? <input type="checkbox"/> Approached by owner? <input type="checkbox"/> If approached by stranger? <input type="checkbox"/> Excited? <input type="checkbox"/> Frightened? <input type="checkbox"/>	

Departure Information
How long is the dog left alone on an average day?

Is the dog left: Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Access to both <input type="checkbox"/>	
Is your dog crated or confined on departure?	
If crated, describe crate:	Location of crate?
If confined other than crate, describe:	
Does your dog exhibit any problem behaviors on your departures? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Describe your dog's behaviors when left alone:	

AGGRESSION SCREEN

Has your pet displayed any of the following?	
Threatening behavior? YES <input type="checkbox"/> NO <input type="checkbox"/> Growling? YES <input type="checkbox"/> NO <input type="checkbox"/> Bite attempts? YES <input type="checkbox"/> NO <input type="checkbox"/> Bites? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If your pet has displayed any of the above, but they have been resolved, or controlled to your satisfaction, then skip next section and proceed to the next:	

Situations that lead to aggression

(check all that apply)

Situations:	Growled	Attempted to Bite	Bitten	No Reaction:	Explain:
Petting/handling					
Eating or being approached while eating:					
Chewing stolen toys/objects attempting to take away from dog:					
Trimming nails/bathing/brushing:					
Staring at dog:					
Scolding dog:					
Leash or collar correction:					
Physically reprimanding dog:					
Raising hand over dog:					
Bend or lean over dog:					
Hug or kiss dog:					
Grabbing collar:					
Rolling over:					
Disturbing while sleeping:					
While dog is on furniture/bed, attempting to remove dog:					

Aggression towards people: If your pet is not aggressive towards people, skip this section and move to the next:

In your opinion, what is the potential for injury to another person?		
Has your dog ever bitten hard enough to break skin or cause injury? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, describe:		
Number of bites that have broken skin:	Total # of bites:	Body parts typically bitten:
If your dog has bitten a person, how old was the dog the first time he/she bit?		months or years
Has your dog ever been aggressive toward members of the immediate family? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, to whom? Describe:		
Is your dog ever aggressive toward visitors? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, to whom? Describe:		

Is your dog aggressive toward people off property? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, were the people known, strangers or both? Explain
Is there a particular person or type (age, sex, uniforms) that your dog is most likely to threaten or bite?
Is there a particular location or situation where aggression is most likely to occur?
When your dog threatens, attempts to bite or bites, how do you handle the situation and what is the dog's reaction?
How would you describe your dog's attitude at the time of aggression? (bold, protective, fearful, etc)
How would you describe your dog's expression and postures at the time of aggression? (hackles raised, ears forward or tail back, tail up or tucked between legs and under, cowering, running forward and then retreating):

Aggression towards other dogs: If your dog is not aggressive towards other dogs, skip this section and move to the next:

In your opinion, what is the potential for injury to another dog?		
How old was your dog when you first noticed aggression to other dog(s)? months or years		
Has your dog ever bitten hard enough to break skin or cause injury requiring medical attention? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Number of bites that have broken skin:	Total # of bites?	Body parts typically bitten:
Is there a particular location or situation where aggression is most likely to occur?		
Aggression to ward other dogs, check all that apply:		
Investigates the other dog before attacking	Tries to attack from a distance	What is the usual distance away from another dog when attempting to attack?
Barks/growls before attacking	Does not bark or growl before attacking	Gives body language such as stiffening, hair raising and staring before attacking
Attacks only bigger dogs	Attacks only smaller dogs	Size of the dog does not matter
Attacks only female dogs	Attacks only male dogs	Gender of the dog does not matter
Bites once and retreats	Bites multiple times and retreats	Bites and does not let go

Additional Behavior Problems

Problem	Yes	No	Describe
Destructive chewing			
Barking			
Whining			
Housoiling urine			
Housoiling stool			
Stool eating			

Hunting / predation			
Jumps up (owners)			
Jumps up (guests)			
Garbage raiding			
Food stealing			
Pushy – wants own way			
Only listens when feels like it			
Sexual habits: Masturbation Roaming Mounting Urine Marking			
Chews/licks self: (if a problem, note location on body and frequency)			
Tail biting			
Imaginary fly chasing			
Staring at / chasing imaginary objects			
Uncontrollable urination when excited			
Uncontrollable urination when frightened			
Bedwetting (while sleeping)			
Eats non-food items (Pica)			
Licks objects			
Excitability			
Overactivity			
Phobias (thunder / cars etc)I			
Shyness / timidity (nonaggressive)			
Additional problems not listed			

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