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| ..\Tomas\nevbaLogo.jpg | **Pet Behavior Consultations** 8-B Camellia Place ⦁ Lexington, Massachusetts 02420 (781) 862-5060 www.PetBehaviorProblems.com |

CANINE Behavioral History Form

Please fill out this form to the best of your ability. Type in the spaces provided. The more information you are able to provide, the easier it is to correctly diagnose your dog’s behavior problem and provide you with the proper individualized treatment plan. All of your answers are confidential.

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Appointment: |  |  |  |
|  |  |  |  |

## Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Mobile Phone: |  |

|  |  |
| --- | --- |
| Email: |  |
| How were you referred to us?: |  |

## Your Pet

|  |  |  |  |
| --- | --- | --- | --- |
| Dog’s name: |  | Breed: |  |
| Age: |  | Weight: |  |
| Sex: |  | Neutered (yes or no): |  |
|  |  | Age Neutered: |  |
| Where did you obtain your pet?: |  |
| Age of pet when acquired: |  |
| Why did you choose this breed and/or individual pet?: |  |
| List any medical problems: |  |
| List any current medications: |  |
| How many other owners has your pet had?: |  |
| Do your pet’s relatives have behavior problems?: |  |

## Your Veterinarian

|  |  |  |  |
| --- | --- | --- | --- |
| Veterinarian’s Name: |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Hospital Name: |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Phone: |  | Alternate Phone: |  |

## Household

## Please list all people in your household :

|  |  |  |
| --- | --- | --- |
| **Name** | **Age** | **Relationship (self, spouse, child, roommate, etc.)** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

## Please list all other animals in household:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Breed** | **Sex** | **Neutered?** | **Age Now** | **Age obtained** | **Order Obtained** |
|  |  |  |  |  |  |  |
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| --- | --- | --- | --- |
| Please describe your home (single family, attached house, apartment): |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Have you owned pets before? If yes, what type?: |  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| When?: |  | What happened to previous animals?: |  |

## Pet Care

|  |  |  |
| --- | --- | --- |
| What do you feed your pet (brand, dry or canned)?: |  |  |
|  |  |  |

|  |  |
| --- | --- |
| How often is your pet fed?: |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| Who feeds your pet? |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does your pet get treats?: |  | How often?: |  | What type?: |  |

|  |  |
| --- | --- |
| Where does your pet sleep at night?: |  |
| Where does your pet stay when you are out? : |  |
| How many hours is your pet left alone per day? : |  |
| Is your pet allowed on furniture? : |  |

## Management

|  |  |  |
| --- | --- | --- |
| How many hours per day does your pet spend outside?: |  |  |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| When outside, is your pet: | Loose [ ]  |  | Leash walked [ ]  |  | Tied out [ ]  |  | Fenced [ ]  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| What type of fence?: |  |  |
|  |  |  |
| How many times (per day/week/month) is your pet walked?: |  |  |
| How long is an average walk?: |  |  |
|  |  |  |
| Do you play with your pet?: |  | If so, how?: |  |

## Obedience Training

|  |  |  |  |
| --- | --- | --- | --- |
| Has your dog received formal obedience training?: |  | At what age?: |  |
| Where was training done?: |  | Name of Trainer: |  |
| How many lessons?: |  | Private or Group: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Method of Training: | Food [ ]  |  | Head Collar [ ]  |  | Leash Corrections [ ]  |  | Shock [ ]  | Clicker [ ]  |
|  |  |  |  |

|  |  |
| --- | --- |
| What commands does your dog know?: |  |
| How well does your dog respond to commands?: |  |

## The Problem

|  |  |  |
| --- | --- | --- |
| What problems are you having with your dog? |  |  |
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| --- | --- |
| What happened that made you decide to seek help? |  |

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| --- | --- | --- | --- |
| Duration of problem: |  | Age of pet when started: |  |
| Please describe the first episode that you remember.When was it? Please describe in detail: |  |
| What was your dog doing before and after the incident? : |  |
| How did you react?: |  |
| How often does the problem occur (times per day, week, month)?: |  |
| How has the frequency or intensity changed since problem first started?: |  |
| When or where does the problem occur? |  |
|  |  |
| What have you done to try to resolve the problem?: |  |

## Recent Episodes

|  |  |
| --- | --- |
| **Please describe the most recent episode that you remember.****When was it? Please describe in detail:** |  |
| What was your dog doing before and after the incident? : |  |
| How did you react? |  |
| **Please describe the second most recent episode that you remember.****When was it? Please describe in detail:** |  |
| What was your dog doing before and after the incident? : |  |
| How did you react? |  |
| **Please describe the third most recent episode that you remember.****When was it? Please describe in detail:** |  |
| What was your dog doing before and after the incident? : |  |
| How did you react? |  |

## Aggression Screen

|  |  |  |  |
| --- | --- | --- | --- |
| **Has your dog ever bitten a person?:** |  | If yes, was it reported? |  |
| Was your dog quarantined?: |  | Did the bite require medical treatment?: |  |
| **Has your dog ever bitten another animal?:** |  | If yes, what kind?: |  |
| Was it reported? |  | Was your dog quarantined?: |  |
| Did the bite require medical treatment?: |  |

Please indicate your dog’s reaction to the following situations by placing an “X” in the appropriate column.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Situations | No reaction | Lift lip | Growl | Bark | Lunge | Snap | Bite | Not tried |
| Dog eating out of its bowl…walk by, reach for, or take bowl away |  |  |  |  |  |  |  |  |
| Dog is eating real bone…walk by, reach for, or take  |  |  |  |  |  |  |  |  |
| Dog is eating rawhide or pig’s ear…walk by, reach for, take away |  |  |  |  |  |  |  |  |
| Dog has stolen food item…walk by, reach for, take  |  |  |  |  |  |  |  |  |
| Dog has stolen non-food item…walk by, reach for, take away |  |  |  |  |  |  |  |  |
| Dog has toy…walk by, reach for, take away |  |  |  |  |  |  |  |  |
| Walk by or disturb sleeping dog  |  |  |  |  |  |  |  |  |
| Push dog off bed/sofa |  |  |  |  |  |  |  |  |
| Disturb dog while in crate |  |  |  |  |  |  |  |  |
| Physically restrain dog |  |  |  |  |  |  |  |  |
| Pull back by collar when barking  |  |  |  |  |  |  |  |  |
| Lift dog up |  |  |  |  |  |  |  |  |
| Put on leash, collar, or harness |  |  |  |  |  |  |  |  |
| Brush/ groom dog |  |  |  |  |  |  |  |  |
| Trim dog’s nails |  |  |  |  |  |  |  |  |
| Wipe dog’s feet or face with towel |  |  |  |  |  |  |  |  |
| Medicate ears/eyes/give pills |  |  |  |  |  |  |  |  |
| Cause pain (remove tick, step on tail) |  |  |  |  |  |  |  |  |
| Hug dog |  |  |  |  |  |  |  |  |
| Suddenly reach for or over dog |  |  |  |  |  |  |  |  |
| Push dog into a sit/down |  |  |  |  |  |  |  |  |
| If dog sitting with a person and another person approaches |  |  |  |  |  |  |  |  |
| Yell at dog loudly |  |  |  |  |  |  |  |  |
| Punish with a visual cue (i.e. point a finger) |  |  |  |  |  |  |  |  |
| Physically punish (scruff, shake, hold muzzle, swat, hit) |  |  |  |  |  |  |  |  |
| Stare at dog |  |  |  |  |  |  |  |  |
| Dog at the veterinarian’s office |  |  |  |  |  |  |  |  |
| Dog at the groomer’s |  |  |  |  |  |  |  |  |
| Strangers walks past the home or yard |  |  |  |  |  |  |  |  |
| Stranger approaches the home |  |  |  |  |  |  |  |  |
| Stranger enters the home |  |  |  |  |  |  |  |  |
| Stranger walks by/approaches the car |  |  |  |  |  |  |  |  |
| Going through drive-thru with dog in car |  |  |  |  |  |  |  |  |
| Dog on leash passes stranger |  |  |  |  |  |  |  |  |
| Dog on leash approached by stranger |  |  |  |  |  |  |  |  |
| Dog approached by unfamiliar children |  |  |  |  |  |  |  |  |
| Dog on leash approached by another dog |  |  |  |  |  |  |  |  |

## Attachment

|  |  |  |
| --- | --- | --- |
| On a scale of 1 to 10 how serious is this problem to you (1 is not serious, 10 is very serious)?: |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Why haven’t you given up your pet? |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| Have you considered putting your dog to sleep? |  |  |

## Additional Comments

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|  |