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 Dog & Owner

 Behavioral History

|  |  |  |
| --- | --- | --- |
| Date: | Email: | Phone number(s):  |
| Name & Address: |
| Texting OK? |
| Dog’s Name: | Breed: | Gender:  |
| Current Age: | Spayed/neutered? Y N Age at spay/neuter: |
| Obtained at what age: | Dog obtained from:  |
| Referred to me by: | Current Veterinarian: | Would you like to be added to the text and/or email list for upcoming classes or events? |
| Household Members (list below):First Name(s) and Age(s) |  | Relationship with or feelings about the dog? Who spends most of the time with the dog? |
|   |
| List other pets in home: Interactions with dog (good, bad, neutral)Species, Name(s) and Age(s) |

**Home Skills**

|  |
| --- |
| Housesoiling? |
| Chewing? |
| Inappropriate barking? When? Where? |
| Coprophagia (eating his/her own or other dogs’ stools)? |
| Destructive? |
| Pica (eating inedible objects like pine cones, socks, etc.)? |
| Any interaction problems with other pets? |
| Where does your dog sleep? |
| Do you use a crate in the house? |
| Behavior in the car?Do you use a crate in the car? |
| Do you have a perimeter fence? If yes, is it an electric fence? |
| Have you ever used an electric collar on this or any other dog?If yes, how did you learn how to use it? |
| Has this dog ever bitten a human?  |
| Has this dog ever been involved in any type of litigation? |

**Husbandry issues**

|  |
| --- |
| Can you trim nails? |
| Can you brush or remove burrs, etc.? |
| Current on vaccines? *Please list all current vaccines with dates (and provide me with a copy at first visit.)* |
| Any medical problems? | Any medications taken? |

**Feeding and Exercise**

|  |
| --- |
| Type of food fed:How long have you been feeding this food? |
| Schedule of feeding |
| Does your dog eat quickly? Is your dog picky? |
| Exercise Routine? |
| Do you now or have you ever taken this or another dog to a dog park or day care? |
| What is your dog’s daily schedule like? How much is dog alone? |

**Social Behavior**

|  |
| --- |
| Behavior with familiar dogs? |
| Behavior with unfamiliar dogs? |
| With familiar adults? |
| With unfamiliar adults? |
| With familiar children?  |
| With unfamiliar children?  |
| Sensitive to being touched anywhere on body? |
| What kinds of games do YOU like to play with your dog? |
| What kind of games does your DOG like to play? |

**Training**

|  |
| --- |
| Any formal training? With whom and when? |
| Check off your dog’s ability to: |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | non-existent | hardly ever | so-so | pretty good | excellent |
| Walk nicely on leash |  |  |  |  |  |
| Sit when told |  |  |  |  |  |
| Come when called |  |  |  |  |  |
| Stay when told |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |

 |
| Would you feel comfortable touching your dog’s food when he is eating?  | Would you feel comfortable taking toys from your dog’s possession?   |
| Does your dog growl or warn you to stay away from his or her food? From toys? |
| What would you say your dog loves the most in this world? |
| What do you think your dog dislikes the most in this world? |
| If you have to correct your dog for doing something you don’t like, how do you do it? |
| Types of training or other equipment used |

**Rank order concerns:**

|  |
| --- |
| 1. (Primary)
 |
| 2. |
| 3. |
| 4. |

**For Primary concern:**

|  |
| --- |
| What have you already tried? |
| Has the problem changed at all since first occurrence?When does it seem the worst?Are there any times or places when you expect the problem behavior to occur **but it does not**? When? Where? |
| What sources have you used to try and get more information about your dog’s problem? For example, internet, your veterinarian, friends, books, etc.? |
| What will you do with the dog if the primary problem behavior does not change? |
| How do you feel about your dog right now?How do you think you dog feels about you right now?What would you love to do with your dog that you cannot do right now because of his or her behavior?If we accomplish everything you want with this behavior program, how do you think that would make you feel about your dog? |
| What are you hoping I can do to help you?What else would you like me to know about your dog or you? |

***Thank you for taking the time to complete this form. I am really looking forward to committing my time to review it with you.***

***If, after discussing this form, you should choose not to pursue the remainder of the assessment process, you will pay only for our time spent together by phone.***

***I look forward to starting our work together!***

\*\*History (leave blank; we will fill this out together during phone call)\*\*

|  |  |  |
| --- | --- | --- |
| Antecedent | Behavior Displayed | Outcome |
| First occurrence  |  |  |
|   |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |