Canine Behavior History

Date_______ Owner’s Name__________________________ Veterinarian________________
Primary Phone number___________________________(best way to contact you)
Dog’s Name________________ Breed______________ Age_______ Sex_________

Please fill out this form in as much detail as possible and return it to our hospital before your behavior consultation.

Is your dog spayed or neutered? _____
How old was your dog when he/she was neutered? _____
Has your dog ever been bred? _____
Has your dog had other owners? If yes, why was the dog given up? __________________

Where did you get your dog? ________________________________
Why did you get your dog? _________________________________

Please list all other pets in your household. List in order of acquisition

<table>
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<tr>
<th>Name</th>
<th>Breed</th>
<th>Sex</th>
<th>Age acquired</th>
<th>Age now</th>
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Please list all family members who live in your home.

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<thead>
<tr>
<th>Name</th>
<th>Occupation</th>
<th>Sex</th>
<th>Age</th>
<th>Relationship (self, wife, etc)</th>
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Describe 24 hours in the life of your pet (wake, sleep, eat, play, potty breaks etc)

________________________________________________________________________

Where does your dog sleep? _______________________________________________
Where is your dog fed? ___________________________________________________
Who feeds your dog? ____________ How often does your dog get treats? ____________
Why do you give your dog treats? __________________________________________
Does your dog get fed snacks from the table? _________________________________
When does your dog get let outside and for how long? _________________________

________________________________________________________________________

Is your dog confined while outside? How? What size area? ____________________
Does your dog live in a house, apartment, on a farm etc.? _____________________
How long is your dog left alone? ______
Where is your dog while left alone? ________________________________________
Has your dog attended any formal training class? If so, Where? __________________
What method of training was used? (clicker, treat based, choke collar, shock etc)____

________________________________________________________________________

Who took the dog? _______________ How old was the dog? _________________
How many dogs were in the class? ___ How did the dog do? _____________________
What will your dog do on cue? (sit, shake, come) _____________________________
What kind of exercise does your dog get? (walk, fetch etc) ____________________

________________________________________________________________________

How much exercise does your dog get each day? _____________________________
Describe your dog’s personality. ___________________________________________

List any major illnesses your dog has had and how old your dog was at the time ______
List any ongoing medical problems that your dog has. _________________________
What medications or supplements does your dog take? _________________________

Has your dog been evaluated or treated for any behavior problems in the past? If so, for what problem and how was it treated? _____________________________
Describe how you prepare to leave the house when your dog will be left alone. (Let outside, put in crate, say goodbye, etc.)

How does your dog react as you prepare to leave?

How does your dog react to strangers?

At the veterinary hospital?
At the groomer’s?
At the boarding kennel?

Describe the behavior problems you are having with your dog.

When did the problem(s) first occur and how old was your dog?

How frequently does the behavior(s) occur?
Has the frequency or intensity of the behavior changed?
Have there been any changes in the household routine? (change in work hours, move, diet change, death of a house member, construction on house etc.)

If there have been any changes, did the behavior problems occur before or after the change?

If the behavior problem started before the changes, has there been any change in the frequency or intensity of the behavior?

Are you concerned you may have contributed to the behavior problem? If yes, how.

How do you react when your pet exhibits these behaviors?

How do others react?

What methods have you tried to correct the behaviors?

What effect have they had?

Are there any other behaviors that are objectionable to you?

Have you considered finding another home for your dog?
Describe your relationship with your dog. 

Describe other household member’s relationship with the dog. 

What are your feelings about the behavior(s)? 

What are your expectations for therapy? 

Anything else you would like to add?