



Avery Animal Hospital
 4507 Cemetery Road
 Hilliard, Ohio 43026
 (614) 876-5641
 Fax (614) 876-2555

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

Name	Breed	Sex	Age acquired	Age now
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list all family members who live in your home.

Name	Occupation	Sex	Age	Relationship (self, wife, etc)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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? _____