

Canine Behavioral History

Please answer the following questions and return to Dr. Albright or New Haven Central Hospital for Veterinary Medicine, Inc. via e-mail, fax, or mail (please call or e-mail to let us know if you will be mailing the form).

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General Information

Date: _____ Clinic # _____
Person completing form: _____
Client's name: _____ Name of pet: _____
Address: _____ Breed: _____
_____ Date of Birth: _____
Zip Code: _____ Sex: _____ neutered/spayed: _____
Home phone: _____
Work/Day phone: _____

Who is your regular veterinarian:

Dr. _____
Clinic Name: _____
Address: _____

Phone: _____
Fax: _____

What is the main behavior problem or complaint?

Additional problems (please list):

How frequently does the problem (or problems) occur (how many times daily, weekly or monthly):

a. Main Problem: Frequency:

b. Other Problem: Frequency:

c. Other Problem: Frequency:

Chronology Of The Behavior Problem

When did you first notice the main problem (age of dog)?

When did it first become a serious concern?

In what general circumstances does the dog misbehave?

Has this problem changed in frequency? (please describe)

Has this problem changed in intensity? (please describe)

Has this problem otherwise changed?

Describe several examples in detail:

1. Most recent incident: (Date: _____)

2. Second to last incident: (Date: _____)

3. Third to last incident: (Date: _____)

Other significant incidents:

What have you done so far to try to correct the problem?

How do you discipline your dog for this and for other misbehavior?

Home Environment

Please list the people, including yourself, living in your household. Please include ages of children:

Name	Age	Hours Away From Home
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Please list all animals in the household including patient:

Name	Species	Breed	Sex	Age Obtained	Age Now
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In what sequence were the above animals obtained? (Please number animals in the table above.)

What is your dog's relationship to the other animals

(e.g. friendly, hostile, fearful)? Please describe:

What type of area do you live in? (Circle one) City/Town Suburbs Rural

What type of house do you live in? Please describe.

Have you moved since acquiring your dog? _____no _____yes How many times? _____

Has your household (people or animals) changed since acquiring your dog?
_____no _____yes, please describe:

Dog's Background

Why did you decide to get a dog?

Why did you choose this breed?

Where did you get this dog (circle one): SPCA Breeder-newspaper ad/flyer Breeder -
referral Pet store Friend Stray Other: _____

Have you owned dogs before? _____yes _____no

If known: how many littermates? males _____ females _____

How many animals to choose from? _____

Why did you choose this dog over the others (please be specific):

Was a temperament test performed? _____yes _____no _____unsure

Result:

Describe your dog's behavior as a puppy:

Do you have any news about littermate behavior? (please describe)

Did you meet the parents? _____no _____yes, please describe their behavior:

Has this dog had other owners? _____no _____yes, how many? _____

Why was the dog given up? _____

At what age was your pet neutered/spayed? _____

Why was this done?

Were there any behavior changes after neutering?

If your pet is "intact" has he/she ever been bred? _____yes _____no

Are you planning to breed? _____yes _____no _____unsure

If you have an intact female, when was her last heat? Was it normal?

Diet and Feeding

What do you feed your dog? (Please be specific, e.g. brand name)

Has your dog's appetite (increased, decreased, no change)? _____

How much do you feed? (please be specific) Meal Times _____

Who feeds the dog?

Location _____

What is your dog's favorite treat?

Daily Schedule - Typical 24 hr day

Please describe a typical 24-hour day in your dog's life:

How does the dog behave with familiar visitors?

How does the dog behave with unfamiliar visitors (children or adults)?

How do you exercise your dog?

Is the dog free in a fenced yard?

Is the dog tied outside?

Does the dog run free?

How do you play with your dog?

What toys does the dog have?

Is your dog housetrained? _____no _____yes How was the dog housetrained?

Does your dog ever eliminate in the house? _____no _____yes urinate _____ defecate _____

Where does your dog sleep at night (please be specific):

Does your dog sleep (more, less, same)? _____

Where is your dog when alone in the house?

Where is your dog when you have guests?

How does your dog behave while you are leaving the house?

How does your dog behave when you return?

Obedience Training

What basic obedience training has your dog had? (Circle one)

None Trained at home Started obedience classes but didn't finish Graduated obedience class once Graduated obedience class two or more levels

Private trainer Other _____

What Type of training tools have you used (choke chains, prong collar, head halters, shock collars, treats)? Do you currently use any of these?

How old was the dog when obedience training started?

Who in the family is the primary trainer?

Does your dog have any awards or titles? (Please describe)

Has your dog had any hunting, herding, protection, attack or Schutzhund training?

What per cent of the time does your dog obey the following commands, for each member of the family:

Family Member Sit Down Stay Come Heel (Don't Pull)

Does your dog know any tricks? Please describe:

Have you exhibited your dog in breed shows?

_____yes _____no _____no, but I plan to

Does your dog jump up on you or others without permission? _____yes _____no

Does your dog paw at you or at others? _____yes _____no

Does your dog lick you? _____yes _____no

Does your dog mount people? _____yes _____no

If yes, whom does he or she mount?

Does your dog mount other animals or objects? ____yes ____no Please describe:

Does your dog ever bark at you? ____no ____yes When? Please describe:

Does your dog bark at other times? Please describe:

What is your dog's activity level in general (Circle one): Low Average High Excessive

Medical History

Is your dog on any medication now, for this or other problems?

Has your dog been on medication in the past?

Date of most recent rabies vaccination: _____(1 year, 3 year)

Aggression Screen (Please fill out based on your dog's behavior at home)

GR - growl

SL - snarl/bare teeth

SB - snap/bite

NR - no reaction

NA - not applicable

	GR	SL	SB	NR	NA
1. pet dog					
2. hug dog					
3. kiss dog					
4. lift dog					
5. call off furniture					
6. push/pull off furniture					
7. approach on furniture					
8. disturb while resting/sleeping					
9. approach while eating					
10. touch while eating					
11. take dog food away					
12. take human food away					
13. take water dish away					
14. take rawhide					
15. take biscuit/cookie					
16. take real bone					

17. take toy/object					
18. approach when dog has any object/toy/bone					
19. verbally punish					
20. physically punish					
21. visual threat					
22. speak to dog (normal tone)					
23. stare at dog					
24. bend over dog					
25. push on shoulders or back					
	GR	SL	SB	NR	NA
26. approach dog near spouse					
27. enter room					
28. leave room					
29. reach toward dog					
30. leash restraint					
31. collar restraint					
32. scruff restraint					
33. put leash on/take off					
34. put collar on/take off					
35. bathe dog					
36. towel dog					
37. groom/brush dog					
38. dog at groomer's					
39. trim nails					
40. leash/collar correction					
41. response to "sit"					
42. response to "down"					
43. dog at veterinary clinic					
44. unfamiliar adult enters house or yard					
45. unfamiliar child enters house or yard					
46. familiar adult enters house or yard					
47. familiar child enters house or yard					
48. response to toddlers/babies					
49. dog in car at tollbooths, gas stations					
50. unfam. adult approaches owner, dog on leash					
51. unfam. child approaches owner, dog on leash					
52. dog in house, sees people outside					
53. response to other dogs, while on leash					
54. response to other dogs, while not on leash					

Where are you on a scale of 1 to 5 as follows (please circle one):

1. I am here only out of curiosity - problem is not serious.
2. I would like to change the problem, but it is not serious.
3. The problem is serious and I would like to change it, but if it remains unchanged that's all right.
4. The problem is very serious and I would like to change it, but if it remains unchanged I will keep my dog.
5. The problem is very serious and I would like to change it; if it remains unchanged I will have my dog euthanized or give him/her up.

FOR AGGRESSION (TOWARDS PEOPLE) (Skip this section if aggression is not the problem):

Please answer yes or no to these characteristics of your dog's aggressive behavior:

- _____ attacks are sudden and surprising
- _____ episodes appear unprovoked
- _____ the dog is abruptly docile after an episode
- _____ the dog appears "sorry" afterwards
- _____ the dog appears disoriented afterwards
- _____ episodes are associated with a "glazed" or "absent" expression
- _____ I can usually tell what will set off my dog
- _____ the aggressive behavior is new and uncharacteristic

Has your dog bitten and broken skin? _____yes _____no

Number of bites that broke skin: _____

Total number of bites (that did or did not break skin): _____

Total number of episodes of aggression (growling, snapping, biting): _____

Describe typical episode (eg. does dog growl, lunge or bite, and in what circumstance?):

If the dog is in the above situation 10 times, in how many of those times is aggression seen (eg. all=100%, just one=10%, etc.)?

What parts of the body has the dog bitten and how severe were the injuries?

Who is/are the target(s) of aggression?

Did your dog bite as a puppy? _____yes _____no
If yes, please describe, including age:

How old was your dog the first time he/she growled at a person?

What was the circumstance?

How old was your dog the first time he/she snapped or bit at a person?

What was the circumstance?

(End of questionnaire - thank you!)

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