

Canine Behavioral History

Dr. Pamela J. Perry
dppdvm89@hotmail.com

Please answer the following questions and return this form by e-mail. I shall then call to arrange an appointment. Specific questions about the problem behavior(s) will be asked during your consultation.

General Information

Date: _____

Client's Name:	_____	Name of Pet:	_____
Address:	_____	Breed:	_____
	_____	Date of Birth:	_____
Zip Code:	_____	Sex:	_____ Neutered/Spayed: _____
Home Phone:	_____		
Work/Day Phone:	_____		
Email Address:	_____		

Who is your regular veterinarian?

Doctor _____
Clinic Name: Stack Veterinary Hospital
Address: 5092 Velasko Road
Syracuse, NY 13215
Phone: (315) 478-3161
Fax: (315) 478-2432
Email: stackteam@stackvethospital.com

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:* _____)

Describe any 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	Hours Away From Home

Please list all animals in the household including patient:

Name	Species	Breed	Sex	Age Obtained	Age Now

In what sequence were the animals above 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? (Mark 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 (mark one): SPCA Breeder – newspaper ad/flyer
 Breeder – referral Pet Store Friend Stray Other: _____

Have you owned dogs before? No Yes

If known: how many littermates? _____ Males _____ Females

How many animals were there to choose from? _____

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

Was a temperament test performed? _____ No _____ Yes _____ Unsure

Results:

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 spayed/neutered?

Why was this done?

Were there any behavior changes after neutering?

If you pet is "intact" has he/she ever been bred? _____ No _____ Yes

Are you planning to breed? _____ No _____ Yes _____ 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, or stayed the same?

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 hour 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
Urine Defecate

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

Does your dog sleep more, less or the 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? (Mark one)

- None
- Trained at home
- Started obedience classes but didn't finish
- Graduated obedience class one
- Graduated obedience class 2 or more levels
- Private trainer
- Other: _____

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? No Yes, please describe:

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

What percent of the time does your dog obey the following commands, for each member of the family?

Family Member	Sit	Down	Stay	Come	Heel

Does your dog know any tricks? No Yes, please describe:

Have you exhibited your dog in breed shows? No Yes Plan to

Does your dog jump up on you or others without permission? No Yes

Does your dog paw at you or others? No Yes

Does your dog lick you? No Yes

Does your dog mount people? No Yes
If yes, whom does he/she mount?

Does your dog mount other animals or objects? No Yes, please describe:

Does your dog ever bark at you? No Yes, when? Please describe:

Does your dog bark at other times? No Yes, please describe:

What is your dog's activity level in general? (Mark one)

Canine Behavioral History Form

20. Physically punish					
21. Visual threat					
22. Speak to dog (normal tone)					
	GR	SL	SB	NR	NA
23. Stare at dog					
24. Bend over dog					
25. Push on shoulders or back					
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 groomers					
39. Trim nails					
40. Leash/collar correction					
41. Response to "sit"					
42. Response to "down"					
43. Dog at veterinary clinic					
44. Unfamiliar adults enter 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. Unfamiliar adult approaches owner, dog on leash					
51. Unfamiliar child approached 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?

_____ I am here only out of curiosity – problem is not serious.

_____ I would like to change the problems, but it is not serious.

_____ The problem is serious and I would like to change it, but it remains unchanged that's alright.

_____ The problem is very serious and I would like to change it, but if it remains unchanged I will keep my dog.

_____ 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 not 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 or uncharacteristic

Has your dog bitten and broken skin? _____ No _____ Yes

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 (e.g. 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 (e.g., all=100%, just one= 10%, etc.)?

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

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

Did your dog bite as a puppy? _____ No _____ Yes

If yes, please describe, including puppy's 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?

Please add any comments in the space below:

*****End of questionnaire – Thank you! *****