

**Canine Initial Behavior Consultation History Form**

Please return the completed questionnaire as a Word document or PDF.

**General Information**

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| --- | --- |
| Your first and last name(s) |  |
| Date of appointment |  |
| Who referred you? |  |

**Basic Pet Information**

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| --- | --- |
| Dog’s name |  |
| Current age (indicate months or years) |  |
| Breed |  |
| Sex | ☐ Male ☐ Female |
| Spay or neutered? | ☐ Yes ☐ No |
| Weight (indicate pounds or kilograms) |  |
| Age and/or date when adopted |  |
| Source | ☐ Breeder ☐ Shelter/Rescue ☐ Stray  ☐ Other:  Name of breeder/rescue/shelter if applicable: |
| History prior to acquisition, if known |  |
| Did you meet your dog’s parents? | ☐ No ☐ Yes, both ☐ Mother only |
| Have you been in touch with the owners of your dog’s littermates? |  |
| What is your dog’s response to changes in the environment or subtle, sudden noises? |  |
| Does your dog have any difficulty settling within the home? |  |

**Medical History**

|  |  |  |
| --- | --- | --- |
| Primary care veterinarian information | Clinic name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Veterinarian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date of last veterinary visit: |  | |
| Has your dog had baseline blood work (CBC, chemistry) performed within the past year? | ☐ Yes ☐ No  Date of last blood work: | |
| *Please list your pet’s current medications, supplements, or other treatments below* | | |
| Name of heartworm preventative |  | |
| Name of flea/tick preventative |  | |
| **Name** | **Dose** (in mg) | **Frequency** (e.g. once daily, as needed) |
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| Has your dog previously been prescribed medications, supplements, or pheromones for his/her behavior that are not listed above? | ☐ Yes ☐ No  If yes, please list the name, date started, date discontinued, dose, and effects: | |
| Any chronic medical conditions? | ☐ Yes ☐ No  Explain: | |
| Any current or history of pain (limping, difficulty getting up or lying down, resistance using stairs, slowing down on walks)? | ☐ Yes ☐ No  Explain: | |
| Have you noticed your pet exhibiting any of the following in the last 3 months? | ☐ Itching ☐ Vomiting ☐ Diarrhea  ☐ Other: | |
| Does your pet have or ever had seizures? | ☐ Yes ☐ No | |
| Current diet | Brand:  Amount and frequency: | |
| Describe your dog’s appetite | ☐ Excessive ☐ Good/Average ☐ Poor  Explain: | |
| Does your dog have any confirmed or suspected food allergies or sensitivities?  Note: We will offer treats during the appointment based on this answer. | ☐ Yes ☐ No  Explain: | |

**Current Behavior Problems**

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| --- | --- |
| Describe the main behavioral concerns for your dog. Provide details surrounding the problem (e.g. location, people or animals involved, frequency, etc.)?  *If aggression is involved, more information will be collected below.* |  |
| How old was the dog when it started? |  |

**Household Occupants**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Age & Relationship to you | Occupation | | Relationship with pet (e.g. follows around, trains, no interaction, etc.) |
| (you) |  |  | |  |
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| Is anyone in the household pregnant or planning to adopt/foster a child in the near future? (This information is collected for safety precautions. You are not obligated to answer.) | ☐ Yes ☐ No  If yes, please provide a due date if applicable or any relevant information: | | | |
| Have you owned dogs before? | ☐ Yes ☐ No | | | |
| **Household Pets (aside from dog presenting for evaluation)** | | | | |
| Name | Species | | Age, Breed, Sex, Neuter status | Interactions with patient |
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| What type of area do you live in? | ☐ Suburban ☐ Urban ☐ Rural ☐ Village  ☐ Other: | | | |
| What type of home do you reside in? | ☐ Apartment/Condo ☐ Townhouse ☐ Single family house  ☐ Other: | | | |
| Do you have a yard? | ☐ Yes ☐ No | | | |
| Do you have a fence? | ☐ Yes ☐ No  If yes, what type (e.g., picket, chain link, electric, etc.)?: | | | |
| Are you planning on moving within the next few months? | ☐ Yes ☐ No  If yes, when and where: | | | |

**Training and Obedience**

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| --- | --- |
| Has your dog ever attended group training classes? | ☐ Yes ☐ No  Companies/Trainers:  Age of pet: |
| Have you ever hired a private trainer? | ☐ Yes ☐ No  Companies/Trainers:  Age of pet: |
| What cues does your dog perform regularly and reliably? | ☐ Sit ☐ Down ☐ Stay ☐ Come  ☐ Look ☐ Touch ☐ Place  ☐ Other: |
| How do you correct your dog when he/she misbehaves? |  |
| What types of training aides have you used (e.g. prong collars, electric collars, penny can, head halter, front-clip harness)? | Currently:  Previously: |

**Daily Activities**

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| --- | --- |
| Is your dog walked daily? | ☐ Yes ☐ No  **If yes**:  How often and for how long? |
| What other type of exercise does your dog receive? | ☐ Fetch ☐ Run ☐ Agility  ☐ Other: |
| Is your dog playful?  What kinds of toys does he/she like? | ☐ Yes ☐ No  Explain: |
| Where does your dog spend the most time? | When you are home:  When home alone:  Sleeping at night: |
| Does your dog show signs of stress while you are gone and if so, which ones? | ☐ No ☐ Urination ☐ Defecation ☐ Hypersalivation  ☐ Destructive behavior ☐ Vocalization  ☐ Other:  *If you marked yes to any of the above:*  On average, how long is your pet home alone?  How do you prepare to leave your dog home alone?  What does your dog do as you prepare to leave? |
| Does your dog engage in destructive behavior or eliminate inside when you are home? | ☐ Yes ☐ No  Explain: |
| Is your dog ever confined? | ☐ Yes ☐ No  **If yes**:  During what situations?  With which method (e.g., crate, baby gate, behind a door)?  What is their response?  **If crated**:  Location of the crate:  How you get your dog inside:  What your dog has access to inside:  If your dog chooses to spend time inside of it: |
| Have there been any changes in your household routine since acquiring your dog? (e.g. new job, new work schedule, new baby, etc.)? | ☐ Yes ☐ No  Explain: |

**Aggression (if applicable)**

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| --- | --- |
| Describe specific incidents of aggression including your pet’s age, people/animals involved, and location.  *Please provide a description of your dog’s body language (e.g., growling, barking, lunging, biting, etc.).* |  |
| How do you typically respond to these incidents? |  |
| What is your dog’s reaction to your response? |  |
| How frequently does this type of incident occur? | ☐ Multiple times per day ☐ Daily  ☐ Several times per week ☐ Weekly  ☐ Monthly ☐ A few times per year |
| What has been done to address the problem so far? |  |
| The problem is getting: | ☐ Better ☐ Worse ☐ No change |
| Has your dog made contact with an individual during the aggression? | ☐ Yes ☐ No  If yes, what type of injury?  ☐ Scratch ☐ Bruise ☐ Puncture(s)  ☐ Tear |
| How many times has your dog bitten a person or dog/other animal? | Person:  Animal: |
| If your dog has a bite history, how many times did a bite break skin? | Person:  Animal: |
| If your dog has a bite history, was any incident reported to Animal Control or other authorities? | ☐ Yes ☐ No  If yes, to whom? |
| Is there any legal action pending because of this pet? | ☐ Yes ☐ No  If yes, which incident(s)? |
| If not already described, please explain the bite incidents. |  |

**Interaction with Unfamiliar People and Animals**

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| --- | --- |
| What is your dog’s response to the following types of visitors? | Frequent:  New: |
| What is your current guest protocol (if applicable)? |  |
| Does your dog react to stimuli (e.g., unfamiliar dogs, strangers, etc.) on walks and if so, what is their reaction? |  |
| If applicable, what is your dog’s response to unfamiliar dogs off leash (e.g. dog park, daycare)? |  |

**Other Behaviors**

|  |  |
| --- | --- |
| Does your dog lick their lips or yawn more often that you would expect? | ☐ Yes ☐ No |
| Does your dog lick or chew his/her body more than you would expect? | ☐ Yes ☐ No  Explain: |
| Does your dog lick other objects or people more than you would expect? | ☐ Yes ☐ No  Explain: |
| Does your dog display any reaction to noises such as thunderstorms, fireworks, or other loud noises? | ☐ Yes ☐ No  Explain: |
| Does your dog ever chase his/her tail, go after lights/shadows, or snap at the air when nothing is present? | ☐ Yes ☐ No  Explain if marked “yes”: |
| Describe your dog’s behavior at the veterinary clinic. |  |
| Describe any other behaviors you find concerning that you have not yet mentioned. |  |

**Future Considerations**

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| --- | --- |
| What are your goals for treatment? |  |
| Have you considered rehoming or behavioral euthanasia for your dog? |  |
| Please tell us about your favorite qualities and interactions that you have with your dog! |  |

**Thank you for completing this form for your consultation!**

**We look forward to working with you.**