

**Canine Initial Behavior Consultation History Form for Fosters**

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

**NOTE: For animals that belong to a shelter/rescue, a representative that has the legal authority to make decisions for the animal must be present for the appointment or give prior approval.**

**General Information**

| Foster(s) first and last name(s) |  |
| --- | --- |
| Rescue/Shelter name |  |
| Date of appointment |  |
| Email address(es) | Foster:  Rescue/shelter: |
| Who referred you? |  |

**Basic Pet Information**

| Dog’s name |  |
| --- | --- |
| Current age |  |
| Breed |  |
| Sex | ☐ Male ☐ Female |
| Spay or neutered? | ☐ Yes ☐ No |
| Age and date when acquired |  |
| Source | ☐ Breeder ☐ Shelter/Rescue ☐ Stray  ☐ Other:  Name of source if applicable: |
| History prior to acquisition, if known |  |
| Did you meet your dog’s parents? | ☐ No ☐ Yes, both ☐ Mother only |

**Household Information**

| Name | Age & Relationship to you | Occupation | | Relationship with pet (e.g. follows, trains, no interaction, etc.) |
| --- | --- | --- | --- | --- |
| (you) |  |  | |  |
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| Is anyone in the household pregnant or planning to adopt or foster a child in the near future? (This is asked for safety reasons. You are not obligated to answer.) | ☐ Yes ☐ No  If yes, please provide a due date if applicable or any relevant information: | | | |
| Have you had dogs as an adult 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.)?: | | | |

**Aggression (if applicable)** - Only fill out information about triggers that apply to your dog; otherwise leave the row blank. For any trigger applicable to your dog, please describe specific incidents of aggression including: your pet’s age when it was first observed and at the time of incident(s), targets of the aggression, location, how you responded, frequency of incidents, body language (growling, barking, lunging, biting), and other relevant information.

| **Potential trigger(s)** | **Additional information** |
| --- | --- |
| Family members |  |
| Other pets in the home |  |
| Guests |  |
| Unfamiliar people passing or approaching the home/yard |  |
| Stimuli (dogs, strangers, cars, etc.) on walks  Note which trigger |  |
| Unfamiliar dogs when off leash (dog park, daycare, etc.) |  |
| Veterinary clinic |  |
| Other triggers of aggression not listed above |  |

**Bite History (if applicable)**

| 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. |  |

**Anxiety Screen**

| 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? |  |
| Does your dog do any of the following more than you would expect? If yes, list which ones:   * Lip licks or yawn * Lick or chew their body * Lick objects * Lick people |  |
| Does your dog display any reaction to noises such as thunderstorms, fireworks, or other loud noises? | ☐ Yes ☐ No  If yes, explain: |
| Does your dog do any of the following? If yes, list which ones:   * Chase his/her tail * Chase lights/shadows * Snap at the air |  |
| Other fears or anxieties not already described. |  |
| Describe your dog’s behavior at the veterinary clinic, if not already described. |  |
| 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? |

**Other Behavior Concerns**

| Describe any other behaviors you find concerning that you have not yet mentioned. |  |
| --- | --- |

**Daily Activities**

| 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: |
| 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**:  Type of crate (wire vs. mesh, dimensions, etc.):  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: |

**Training and Obedience**

| 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 ☐ Come ☐ Place  ☐ Look ☐ Touch ☐ 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, muzzle)? | Currently:  Previously: |

**Medical History**

| Primary care veterinarian information | Clinic name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Veterinarian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| --- | --- | --- |
| Date of last veterinary visit: |  | |
| Estimated weight (indicate lbs or kg) |  | |
| 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 a history of 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: | |

**Future Considerations**

| What are your goals for treatment? |  |
| --- | --- |
| Does this dog have any potential adopters? |  |
| What restrictions will be set for a future adopter? |  |
| Any other information you want to mention regarding future adoption. |  |

**Thank you for taking the time to complete this form.**