Lincoln Land Animal Clinic, Ltd.  
Animal Behavior Services  
Colleen S. Koch, DVM  
1150 Tendick St.  
Jacksonville, IL 62650  
217-245-9508  
www.lincolnlandac.com  
Canine Behavior History Form [llanimalclinic@yahoo.com](mailto:llanimalclinic@yahoo.com)

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| **Owner Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Address / City and State: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Home and Cell Phone: | | | | | | | | | | | | Home:       Cell: | | | | | | | | | | | | | | | | |
| Employer’s Name: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Employer’s Address City, State and Zip: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Work Phone: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Preferred method and time to contact you | | | | | | | | | | | | Method: ;       Time: | | | | | | | | | | | | | | | | |
| Preferred Local Pharmacy: | | | | | | | | | | | | Name:       Phone #:       Fax #: | | | | | | | | | | | | | | | | |
| Family Veterinarian | | | | | | | | | | | | Name:       Phone #:       Fax #:  Email: | | | | | | | | | | | | | | | | |
| Referred by: | | | | | | | | | | | | Name: | | | | | | | | | | | | | | | | |
| **Basic Patient Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient’s Name: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Age: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Breed & Color: | | | | | | | | | | | | Breed:       Color: | | | | | | | | | | | | | | | | |
| Sex: | | | | | | | | | | | | Female  Male | | | | | | | | | | | | | | | | |
| Spayed or Neutered: Age when performed: | | | | | | | | | | | | Spayed  Neutered | | | | | | | | | | | | | | | | |
| Weight: Body Condition Score: | | | | | | | | | | | | lbs       kg | | | | | | | | | | | | | | | | |
| Date and Age when acquired (if known): | | | | | | | | | | | | Date: | | | | | | | | | | | | | | | | |
| How long have you owned the pet: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Source: | | | | | | | | | | | | Other: | | | | | | | | | | | | | | | | |
| Litter size (if known): | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Age when weaned (if known): | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| If obtained as a puppy how was the puppy raised: | | | | | | | | | | | | Other: | | | | | | | | | | | | | | | | |
| Primary purpose for which dog was obtained: | | | | | | | | | | | | Adult's pet  Family Pet  Children's pet  Show dog Breeding Watch/guard  Farm/outside  Hunting  Service /working  Obedience  Looks Other: | | | | | | | | | | | | | | | | |
| If the dog was previously owned, for what primary purpose was the dog kept: | | | | | | | | | | | | Adult's pet  Family Pet  Children's pet  Show dog Breeding Watch/guard  Farm/outside  Hunting  Service /working  Don't know  Research/ teaching Other: | | | | | | | | | | | | | | | | |
| How did you select this particular dog: | | | | | | | | | | | | Breeder selected  No Choice  Most timid/shy  Most outgoing  Biggest  Assertive  Smallest  Submissive  Looks  N/A  Other: | | | | | | | | | | | | | | | | |
| Describe your dog's personality as a puppy: | | | | | | | | | | | | To Owner:  Friendly  Aloof Aggressive  Shy  To Strangers  Friendly  Aloof Aggressive  Shy  Happy outgoing Anxious  Inhibited  Submissive  Hyper-excitable  Fear of noises  Fearful of environment  Don't know Other: | | | | | | | | | | | | | | | | |
| Describe your dog’s current personality: | | | | | | | | | | | | To Owner:  Friendly  Aloof  Aggressive  Shy  To Strangers  Friendly  Aloof  Aggressive  Shy  Happy outgoing Anxious  Inhibited  Submissive  Hyper-excitable  Fear of noises  Fearful of environment  Don't know Other: | | | | | | | | | | | | | | | | |
| Has your dog been bred? If so age: | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | |
| If bred how many litters? Average litter size: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| How much interaction did the puppy have with people in the first year of life: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| What method of house training was used: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Your reaction to mistakes during house training: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Was there any interaction with other puppies/dogs, provide details: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Did your dog attend puppy parties? | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | |
| **Current Members Dwelling in the Home** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe the home environment by listing the name of each family member living at home as well as frequent visitors. Please put a \*\* next to the primary caregiver | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | Family Relationship | | | | Age: | | | Sex: | | | Occupation: | | | | Describe how they get along with the dog: | | | | | | | | | | Present at consult: | |
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| **Your Pets Environment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please feel free to send pictures, diagrams and or videos to help us better understand the layout of your house, yard and your pets environment | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What type of home do you have:  If other, provide details: | | | | | | | | | | | | Apartment  House  Condo  Townhome  Other Details: | | | | | | | | | | | | | | | | |
| What type of area do you live in: | | | | | | | | | | | | Urban  Suburban  Rural  Busy/lots of activity  Quiet  Moderate  Other Details: | | | | | | | | | | | | | | | | |
| What areas of your home does your dog have access to: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Do you have a backyard? | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | |
| Type of fencing/containment: | | | | | | | | | | | | Chain link /livestock  Privacy  Invisible fence  Run (zipline)  Tether  Outdoor kennel  Other Height of fence:       Details: | | | | | | | | | | | | | | | | |
| **Other Household Pets** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you owned dogs previously? | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| Have you owned this breed of dog previously? | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| Have you owned other pets previously? | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| Please list ALL the animals in the household in the sequence they were obtained.  Please describe the nature of the dog's interaction with this pet (eg occasional growls, avoidance, plays) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | Age obtained | | Age current | | | Weight | | | | Species/ Breed | | | | | Spayed or Neutered | | | | Interaction | | | | | | |
|  | | | |  | |  | | |  | | | |  | | | | | Yes  No | | | |  | | | | | | |
|  | | | |  | |  | | |  | | | |  | | | | | Yes  No | | | |  | | | | | | |
|  | | | |  | |  | | |  | | | |  | | | | | Yes  No | | | |  | | | | | | |
|  | | | |  | |  | | |  | | | |  | | | | | Yes  No | | | |  | | | | | | |
| **Medical History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of last veterinary visit | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| What are the most recent set of vaccinations received and date, select all that apply: | | | | | | | | | | | | | | Date:        Date:        Date:       Other:       Date: | | | | | | | | | | | | | | |
| Date dewormed: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Referred by: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Provide medical history (infection/surgeries) and prescribed treatment: | | | | | | | | | | | | | | History:       Treatment:  History:       Treatment:  History:       Treatment:  History:       Treatment: | | | | | | | | | | | | | | |
| Current/regular medications:  (Such as allergy/heartworm/herbal/over the counter/pain medication/supplements/topical flea and tick, etc.)  Route administered= oral, topical, eyes, ears, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication:       Dose:  Medication:       Dose:  Medication:       Dose:  Medication:       Dose:  Medication:       Dose: | | | | | | | | | | | | | | Route:       Frequency given:  Route:       Frequency given:  Route:       Frequency given:  Route:       Frequency given:  Route:       Frequency given: | | | | | | | | | | | | | | |
| Has there been any change in: Drinking-  Eating- | | | | | | | | | | | | | | Yes  No Details:  Yes  No Details: | | | | | | | | | | | | | | |
| Have you noticed any of the following: | | | | | | | | | | | | | | Coughing  Sneezing  Vomiting  Diarrhea | | | | | | | | | | | | | | |
| Has your dog ever been treated for their behavior in the past? If so, describe treatment and medication  (if applicable): | | | | | | | | | | | | | | Yes  No If so, describe treatment:  Medications:       Dose:  Medications:       Dose:       Medications:       Dose:  Medications:       Dose: | | | | | | | | | | | | | | |
| Does your pet have or ever had any seizures: | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| Do you ever use the following medications | | | | | | | | | | | | | | Tramadol (pain medication)  Promeris (flea medication) Preventic collar | | | | | | | | | | | | | | |
| **Diet and Feeding Habits** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type(s) of Food: % of each  Brand(s): (i.e.: Nutro, Eukanuba, Alpo…) | | | | | | | | | | | | | | Dry:       Can:       Table scraps:  Special meal:       Brand(s): | | | | | | | | | | | | | | |
| Who is primarily responsible for the feeding: | | | | | | | | | | | | | | Name: | | | | | | | | | | | | | | |
| How much food is given:  What is the approximate time(s) of day : | | | | | | | | | | | | | | How much food:  Time of Day: | | | | | | | | | | | | | | |
| Feeding schedule is:  Describe the feeding process: | | | | | | | | | | | | | | Consistent  Varies | | | | | | | | | | | | | | |
| Where is the dog fed (physical location): | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Where is the dog fed in relation to other dogs/ pets in the household: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Is the dog protective of their food (growl, snap or bite)? If so, provide details: | | | | | | | | | | | | | | Yes  No  Details: | | | | | | | | | | | | | | |
| Describe your dog’s appetite:  What speed do they typically eat at: | | | | | | | | | | | | | | Good  Average  Poor  Fast  Slow | | | | | | | | | | | | | | |
| Do you have to be present for your dog to eat? | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| What are your dogs favorite foods: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Do you give your dogs treats?  If yes, is it contingent on behavior?  If yes, describe how treats are used: | | | | | | | | | | | | | | Yes  No Types of treats:  Yes  No  How treats are used: | | | | | | | | | | | | | | |
| How much does your dog drink in a day (in pints or liters): How many water bowls are provided: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Do you add any supplements to their diet?  If so, provide details: | | | | | | | | | | | | | | Yes  No  Details: | | | | | | | | | | | | | | |
| **Daily Activities** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Where does your dog sleep: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| If in bed, who invites them up: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| When does your dog get up in the morning: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Does your pet ever wake you at night?  If yes, how often and any idea why: | | | | | | | | | | | | | | Yes  No  How often: | | | | | | | | | | | | | | |
| When does your dog get to go outside and how long do they like to stay out for: | | | | | | | | | | | | | | When:  How long: | | | | | | | | | | | | | | |
| How does your dog ask to go outside: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Does your dog roam free in the yard: | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| Does your dog run the fence-line barking? If yes: | | | | | | | | | | | | | | Yes  No  Other dogs  At people  Other: | | | | | | | | | | | | | | |
| Does your dog enjoy exploring on their own: | | | | | | | | | | | | | | Always  Sometimes  Never | | | | | | | | | | | | | | |
| What type of exercise does your dog receive:  If other, provide details: | | | | | | | | | | | | | | Walk  Run  Agility Training  Other Details: | | | | | | | | | | | | | | |
| Is this done on or off a lead: | | | | | | | | | | | | | | On  Off | | | | | | | | | | | | | | |
| What type of equipment does the dog wear while being exercised | | | | | | | | | | | | | | Flat collar  Harness  Head halter  Martingale  Prong /pinch collar  Choke collar  Shock collar  Remote collar  e-collar  Other  Reason used: | | | | | | | | | | | | | | |
| Exercise schedule including average hour/day | | | | | | | | | | | | | | < 1/week  once/day  twice/day  3x/day  several times/week  >3x/day  Other  Consistent  Varies Details: | | | | | | | | | | | | | | |
| Is there any specific time devoted to play or training on a daily basis: | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| Does your dog play games with you or other family members? If yes, provide details: | | | | | | | | | | | | | | Yes  No  Details: | | | | | | | | | | | | | | |
| Who initiates play: | | | | | | | | | | | | | | Canine  People | | | | | | | | | | | | | | |
| What types of toys does your dog play with:  If other, provide details: | | | | | | | | | | | | | | Balls  Bones  Ropes  Frisbee  Other Details: | | | | | | | | | | | | | | |
| Where does your dog stay during the day when  no one is home: | | | | | | | | | | | | | | Crate  Specified Room  Free Run (in house)  Free Run (fenced yard)  Outside Kennel  Outside tied  Doggie daycare/camp  Other Describe: | | | | | | | | | | | | | | |
| What does your dog do as you prepare to depart: | | | | | | | | | | | | | | Details: | | | | | | | | | | | | | | |
| Does your dog bark or whine when you leave? | | | | | | | | | | | | | | Yes  No Details: | | | | | | | | | | | | | | |
| Typically, how long is your dog left alone without people on any given day: Consistent or varied? | | | | | | | | | | | | | | Consistent  Varies | | | | | | | | | | | | | | |
| Does your dog ever engage in the following behaviors while you are gone?  If so, is it every time you are gone?  Have you ever videotaped your dog while gone? | | | | | | | | | | | | | | Vocalize  Destructive behaviors Urinate  Defecate  Digging  Self licking/chewing  Yes  No  Yes  No | | | | | | | | | | | | | | |
| What does your dog do when you arrive at home? | | | | | | | | | | | | | | Details: | | | | | | | | | | | | | | |
| What does your dog do during family meals: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Has there been any change in your household routine (new baby, new work hours…)?  If yes, provide details: | | | | | | | | | | | | | | Yes  No  Details: | | | | | | | | | | | | | | |
| List 5 things your dog likes the most (activities, food, toys…) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Training and Obedience** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has your dog ever attended Training Class:  If so, provide details (where, when): | | | | | | | | | | | | | | Yes  No Age started:  Details: | | | | | | | | | | | | | | |
| Please list names of trainers used/locations: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| What types of training techniques were used: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Level of training | | | | | | | | | | | | | | Crate training Attended puppy classes (<4mo)  Service dog training  Obedience classes  Shown in trials  Trained for other work  Agility  Schutzhund  Other | | | | | | | | | | | | | | |
| What types of training aids have been used: | | | | | | | | | | | | | | Flat collar  Harness  Head halter  Martingale  Prong /pinch collar  Choke collar  Shock collar  Remote collar  e-collar  Other  Reason used: | | | | | | | | | | | | | | |
| How well did your dog do in class?  If asked to leave, explain why: | | | | | | | | | | | | | | Poor  Fair  Average  Excellent | | | | | | | | | | | | | | |
| How would you rate their learning ability: | | | | | | | | | | | | | | Poor  Fair  Average  Excellent | | | | | | | | | | | | | | |
| Please describe any other training that you or someone else has done with your dog: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| What task does your dog perform regularly and reliably on command: | | | | | | | | | | | | | | Sit  Stay  Down  Fetch  Other: | | | | | | | | | | | | | | |
| Does your dog do tricks: | | | | | | | | | | | | | | Shake  Rollover Other: | | | | | | | | | | | | | | |
| Does your dog pull when on a lead: | | | | | | | | | | | | | | Yes  No  Sometimes | | | | | | | | | | | | | | |
| Is your dog more obedient in some paces than others? If so, provide details: | | | | | | | | | | | | | | Yes  No  Details: | | | | | | | | | | | | | | |
| Is your dog more obedient with some people than with others? If so, provide details: | | | | | | | | | | | | | | Yes  No  Details: | | | | | | | | | | | | | | |
| How do you correct your dog when he/she misbehaves: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| What types of training aides have you used (pinch collar, prong collar, electric shock…): | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Type of Discipline Used** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of discipline | Describe method | | | | | Situations that method is typically used | | | | | | | | | Pet's Response | | | | | | Improves behavior | | | | Behavior is | | | |
| None ever |  | | | | |  | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Response substitution |  | | | | |  | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Verbal reprimand |  | | | | |  | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Distraction |  | | | | |  | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Redirection |  | | | | |  | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Startling |  | | | | |  | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Physical |  | | | | |  | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Shock |  | | | | |  | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Time out |  | | | | |  | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Shake down |  | | | | |  | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Roll over (alpha roll) |  | | | | |  | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Water |  | | | | |  | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Noise can or  Air can |  | | | | |  | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| Other |  | | | | |  | | | | | | | | |  | | | | | | Yes  No | | | | Increasing  Decreasing  The same | | | |
| **Interaction With Family Members** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reaction to handling –  Is there any aggression in the following circumstances? This can include growling, snarling, lunging, nipping, snapping, showing teeth, or even biting. If biting please describe tear, puncture or bruising  Fill out the following tables depicting your canines typical reaction:  In each box,      , describe the typical type of aggression (growling, snarling, etc) shown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Aggression | | | | | | Aggression is directed at: (include all individuals and circumstances) | | | | | | | | If not aggressive, what does your pet do in these situations | | | | | | | | |
| Petting or hugging | | | | | | Yes  No | | | | | |  | | | | | | | |  | | | | | | | | |
| Reaching over or petting head | | | | | | Yes  No | | | | | |  | | | | | | | |  | | | | | | | | |
| Petting dog elsewhere | | | | | | Yes  No | | | | | |  | | | | | | | |  | | | | | | | | |
| Disturbed when resting | | | | | | Yes  No | | | | | |  | | | | | | | |  | | | | | | | | |
| Disciplining | | | | | | Yes  No | | | | | |  | | | | | | | |  | | | | | | | | |
| Walking on the lead | | | | | | Yes  No | | | | | |  | | | | | | | |  | | | | | | | | |
| Taking food away | | | | | | Yes  No | | | | | |  | | | | | | | |  | | | | | | | | |
| Taking other objects | | | | | | Yes  No | | | | | |  | | | | | | | |  | | | | | | | | |
| Grooming/Brushing | | | | | | Yes  No | | | | | |  | | | | | | | |  | | | | | | | | |
| Nail trimming | | | | | | Yes  No | | | | | |  | | | | | | | |  | | | | | | | | |
| Wiping feet | | | | | | Yes  No | | | | | |  | | | | | | | |  | | | | | | | | |
| Bathing | | | | | | Yes  No | | | | | |  | | | | | | | |  | | | | | | | | |
| Grasping collar, or restraining | | | | | | Yes  No | | | | | |  | | | | | | | |  | | | | | | | | |
| Roughhousing | | | | | | Yes  No | | | | | |  | | | | | | | |  | | | | | | | | |
| Lifting the dog up | | | | | | Yes  No | | | | | |  | | | | | | | |  | | | | | | | | |
| Physical punishment | | | | | | Yes  No | | | | | |  | | | | | | | |  | | | | | | | | |
| Taking on/off collar | | | | | | Yes  No | | | | | |  | | | | | | | |  | | | | | | | | |
| Staring at dog | | | | | | Yes  No | | | | | |  | | | | | | | |  | | | | | | | | |
| **Interaction With Others** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How does your dog behave when visitors come to the house (i.e. – barking, door charging):  How do you respond? | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Is the behavior different towards familiar and unfamiliar people? If yes, provide details: | | | | | | | | | | | | | | Yes  No  Details: | | | | | | | | | | | | | | |
| Does your dog display aggression (growling, snarling, snapping, biting) to visitors **inside** your home?  If yes, provide details: | | | | | | | | | | | | | | Yes  No  Details: | | | | | | | | | | | | | | |
| Does your dog display aggression (growling, snarling, snapping, biting) to visitors **outside** your home?  If yes, provide details: | | | | | | | | | | | | | | Yes  No  Details: | | | | | | | | | | | | | | |
| Has your dog ever bitten or attacked anyone?  If yes, how many: | | | | | | | | | | | | | | Yes  No  Details: | | | | | | | | | | | | | | |
| What is your dog’s response to: Frequent visitors: Occasional visitors: Rare visitors: | | | | | | | | | | | | | | Frequent:  Occasional:  Rare: | | | | | | | | | | | | | | |
| **Describe your pet's reaction in the following situations** | | | | | | | | **Inside the home** | | | | | | | | | | | **Outside the home** | | | | | | | | | |
| Familiar men | | | | | | | | Details: | | | | | | | | | | | Details: | | | | | | | | | |
| Familiar woman | | | | | | | | Details: | | | | | | | | | | | Details: | | | | | | | | | |
| Familiar babies | | | | | | | | Details: | | | | | | | | | | | Details: | | | | | | | | | |
| Familiar children, 1-6 yrs old | | | | | | | | Details: | | | | | | | | | | | Details: | | | | | | | | | |
| Familiar children, 7-11 yrs old | | | | | | | | Details: | | | | | | | | | | | Details: | | | | | | | | | |
| Familiar children 12-18 yrs old | | | | | | | | Details: | | | | | | | | | | | Details: | | | | | | | | | |
| Unfamiliar babies | | | | | | | | Details: | | | | | | | | | | | Details: | | | | | | | | | |
| Unfam children, 1-6 yrs old | | | | | | | | Details: | | | | | | | | | | | Details: | | | | | | | | | |
| Unfam children, 7-11 yrs old | | | | | | | | Details: | | | | | | | | | | | Details: | | | | | | | | | |
| Unfam children,12-18 yrs old | | | | | | | | Details: | | | | | | | | | | | Details: | | | | | | | | | |
| **Describe your pet's reaction in the following situations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other animals (cats, squirrels etc.) | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | |
| Crowds/busy areas | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | |
| Familiar people,  approaching/try to pet, while on leash | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | |
| Unfamiliar people,  approaching/try to pet, while on leash | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | |
| Joggers (adults) | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | |
| Children or bicycles, roller blades | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | |
| Cars, trucks going by, on leash | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | |
| Unfamiliar dogs on property | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | |
| Unfam dogs neutral territory, on leash | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | |
| Same, off leash | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | |
| Car rides | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | |
| Stranger approaching car | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | |
| Vacuum cleaner and/or broom | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | |
| Thunder and or loud noises | | | | | | | | | Details: | | | | | | | | | | | | | | | | | | | |
| **Behavior at pet care facilities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Behavior at veterinary office | | | | | | Happy to greet everyone, friendly  Neutral  Fine  Cowers, fearful  Struggles to get away/escape  Aggressive with restraint  Aggressive as soon as approached  Needs to be muzzled  Needs to be sedated  Other | | | | | | | | | | | | | | | | | | | | | | |
| Behavior at groomers | | | | | | Happy to greet everyone, friendly  Neutral  Fine  Cowers, fearful  Struggles to get away/escape  Aggressive with restraint  Aggressive as soon as approached  Needs to be muzzled  Needs to be sedated  Other | | | | | | | | | | | | | | | | | | | | | | |
| Behavior at boarding facility | | | | | | Happy to greet everyone, friendly  Neutral  Fine  Cowers, fearful  Struggles to get away/escape  Aggressive with restraint  Aggressive as soon as approached  Needs to be muzzled  Needs to be sedated  Other | | | | | | | | | | | | | | | | | | | | | | |
| Bite History | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has your dog ever bitten: | | Who / Name | | | | | | What part of body | | | | | | Did it break the skin | | | | | Severity | | | | | | Trigger (what instigated the bite) | | | |
| Person  Yes No | |  | | | | | | Details: | | | | | | Yes No | | | | | Details: | | | | | | Details: | | | |
| Another dog  Yes No | |  | | | | | | Details: | | | | | | Yes No | | | | | Details: | | | | | | Details: | | | |
| Household pet  Yes No | |  | | | | | | Details: | | | | | | Yes No | | | | | Details: | | | | | | Details: | | | |
| Other animal  Yes No | |  | | | | | | Details: | | | | | | Yes No | | | | | Details: | | | | | | Details: | | | |
| Other  Yes No | |  | | | | | | Details: | | | | | | Yes No | | | | | Details: | | | | | | Details: | | | |
| Is there legal action pending due to your dog's aggressive behavior? | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | |
| When does your dog's rabies vaccine expire? | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **The Current Problems** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Presenting problems (in order of importance) | | | | | | | | | | | | | | Goals and acceptable outcomes | | | | | | | | | | | | | | |
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| **Problem History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary problem to be addressed | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Is this a chronic (constant) or intermittent problem: | | | | | | | | | | | | | | Chronic  Intermittent | | | | | | | | | | | | | | |
| Where does the problem commonly occur: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Who is present: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| How often: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| When was the first incident? | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Where there any changes at that time? | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| If house soiling, does it occur when you’re: | | | | | | | | | | | | | | Home  Away  Both | | | | | | | | | | | | | | |
| If destructive, does it occur when you’re: | | | | | | | | | | | | | | Home  Away  Both | | | | | | | | | | | | | | |
| What triggers the incident? | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Additional details surrounding the problem: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| What was the dog’s reaction to your response: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Was there any punishment? If so, what: | | | | | | | | | | | | | | Yes  No Punishment: | | | | | | | | | | | | | | |
| Was there a bite wound: | | | | | | | | | | | | | | Puncture  Tear  Other | | | | | | | | | | | | | | |
| Prior to this incident, describe the previous three incidents: | | | | | | | | | | | | | | 1  2  3 | | | | | | | | | | | | | | |
| How frequently does this type of incident occur: | | | | | | | | | | | | | | Multiple times a day  Daily  Several times a week  Weekly  Monthly Other: | | | | | | | | | | | | | | |
| Does this problem occur when left alone: | | | | | | | | | | | | | | Always  Sometimes  Never | | | | | | | | | | | | | | |
| Does this problem occur when family members are present: | | | | | | | | | | | | | | Always  Sometimes  Never | | | | | | | | | | | | | | |
| What has been done to correct the problem: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Is the problem getting: | | | | | | | | | | | | | | Better  Worse  No Change | | | | | | | | | | | | | | |
| Do you suspect any cause: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Previous treatment (s): | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| After previous treatment the behavior was: | | | | | | | | | | | | | | Better  Worse  No Change  Details: | | | | | | | | | | | | | | |
| Were medications or natural remedies used? | | | | | | | | | | | | | | **Yes  No** | | | | | | | | | | | | | | |
| **Name of medications/ remedies used**  **(to alter behavior)** | | | | | **Dose** | | | | | | **How long used** | | | | | **Effect** | | | | | | | **Side effects** | | | | | |
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| **Relationship with Canine** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How would you describe your/family’s relationship with this dog: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| What are your/family’s feelings about the dog’s present behavior: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| What is your expectation for change: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| How would you describe the severity of this problem? | | | | | | | | | | | | | | Mild  Moderate  Severe | | | | | | | | | | | | | | |
| Have you considered removing your pet from the home if the problem cannot be improved? | | | | | | | | | | | | | | Yes  No Comment: | | | | | | | | | | | | | | |
| Under what circumstances would you consider relinquishing the dog to a shelter or rescue: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Have you considered euthanasia? | | | | | | | | | | | | | | Yes  No Comment: | | | | | | | | | | | | | | |
| What are acceptable outcomes following behavior treatment if the pet cannot be “cured”? | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Please list any other information that you think might be helpful in the diagnosis of your pet. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| How do you learn best? | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Please check the statements that best describe how you are feeling** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I am here out of curiosity, the problem is not serious. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| I would like to change the problem, but it is not serious. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| The problem is serious and I would like to change it, but if it remains unchanged that's all right. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| The problem is serious and I would like to change it, but if it remains unchanged I will keep my dog. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| The problem is serious and I would like to change it, but if it remains unchanged I will euthanize my dog or give him/her up. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Please check the statements that best describe how you feel about using medication to treat your pet** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I wish to use behavior modification alone to improve my pet's behavior. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| I wish to use behavior modification alone but will consider using medication if it is recommended. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| I wish to use a combination of behavior modification and medications to improve my pet's problem. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| I wish to use a combination of behavior modification and natural supplements to improve my pet's behavior problem. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| I fully anticipate using medications to improve my pet's problem. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| I am concerned about using medication or behavior modification because: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Behavior modification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I feel more comfortable with implementing behavior modification on my own. | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| I would feel more comfortable implementing behavior modification with the guidance of a trainer you recommend. | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| **Other Problems** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bed wetting | | | Yes No | | | | | Diarrhea/ vomiting | | | | | | Yes No | | | | | House soiling | | | | | | | Yes No | | |
| Urine Marking | | | Yes No | | | | | Barking/howling/ whining | | | | | | Yes No | | | | | Rolling in unsavory items | | | | | | | Yes No | | |
| Demands attention | | | Yes No | | | | | Demands touch | | | | | | Yes No | | | | | Jumps up on people | | | | | | | Yes No | | |
| Wants own way | | | Yes No | | | | | Aggressive to owners | | | | | | Yes No | | | | | Aggressive to strangers | | | | | | | Yes No | | |
| Aggr. to dogs in household | | | Yes No | | | | | Aggr. to strange dogs | | | | | | Yes No | | | | | Aggr. to other animals | | | | | | | Yes No | | |
| Anorexia | | | Yes No | | | | | Chewing objects | | | | | | Yes No | | | | | Coprophagia | | | | | | | Yes No | | |
| Compulsive eating | | | Yes No | | | | | Compulsive drinking | | | | | | Yes No | | | | | Eating Grass/ Plants | | | | | | | Yes No | | |
| Pica | | | Yes No | | | | | Eating garbage | | | | | | Yes No | | | | | Prey catching | | | | | | | Yes No | | |
| Stealing food | | | Yes No | | | | | Light/shadow chasing | | | | | | Yes No | | | | | Car etc. chasing | | | | | | | Yes No | | |
| Fly snapping | | | Yes No | | | | | Air/mouth licking | | | | | | Yes No | | | | | Scratching self | | | | | | | Yes No | | |
| Licking self | | | Yes No | | | | | Sucking on self | | | | | | Yes No | | | | | Chewing on self | | | | | | | Yes No | | |
| Cannibalism | | | Yes No | | | | | Checking hind end | | | | | | Yes No | | | | | False pregnancy | | | | | | | Yes No | | |
| Masturbation | | | Yes No | | | | | Mounting people | | | | | | Yes No | | | | | Mounting animals | | | | | | | Yes No | | |
| Self nursing | | | Yes No | | | | | Circling/whirling | | | | | | Yes No | | | | | Tail biting | | | | | | | Yes No | | |
| Digging | | | Yes No | | | | | Pacing, figure 8s | | | | | | Yes No | | | | | Lameness/cond. | | | | | | | Yes No | | |
| Roaming | | | Yes No | | | | | Scratching objects | | | | | | Yes No | | | | | Freezing | | | | | | | Yes No | | |
| Hyper reactive | | | Yes No | | | | | Depressed inappetent | | | | | | Yes No | | | | | Nervous/anxious | | | | | | | Yes No | | |
| Fear of people | | | Yes No | | | | | Fear of loud noises exc. thunder | | | | | | Yes No | | | | | Hyper-excitable / active | | | | | | | Yes No | | |
| Fear of thunder | | | Yes No | | | | | Fear objects/animals | | | | | | Yes No | | | | | Fear of situations | | | | | | | Yes No | | |
| Thank you for filling this questionnaire out. Please download the “Preparing for your consult form” and the “Release form.” If there is any other information that you feel will help me diagnose and treat your pet please feel free to elaborate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

By completing the questionnaire, reading and signing below you are authorizing us to evaluate, determine a treatment plan for your pet. A written copy of the discharge instructions will be given to you and a summary to your veterinarian. You are encouraged to adhere to the recommendations. If you do not understand the instructions, or are having difficulty implementing or complying with them, please notify us so you can be given appropriate instructions in how to proceed. Your appointment includes three months of follow up via email or phone calls.

Videos and photos may be taken during the consult.

* Any videos or photos taken become part the record and may be used anonymously for teaching, including staff, students, other veterinary personnel or clients as well as research.

The doctor may recommend that your pet be treated with medication.

* Should medication be prescribed it is because that particular medication has been considered to be the most effective for your pet's condition.
* Many of the medications are not labeled (extra-label use) for treatment of behavior problems in pets but have been successfully used to treat these conditions in many pets by many veterinarians and board certified veterinary behaviorists. This does not mean that the medication is dangerous or harmful to your pet, only that they were not the subjects tested for approved use.
* All medications have the potential for side effects. The side effects for the medicine will be explained during the consult and documented on your discharge instructions. If you are ever concerned please contact the clinic.

If your pet is aggressive you should be aware of the following:

* Any animal that is aggressive can do serious harm, which may cause injury, including fatal injuries to other animals, family members, and other people. Treatment for aggressive behavior is not a guarantee that the aggression will be controlled, as it is impossible to ensure that all management and safety instructions will be strictly adhered to at all times.
* There are responsibilities with owning an animal, including the responsibility or potential liability for any damage the pet does to people or property. The responsibility is not changed or transferred by seeking behavioral help.

Some behavior problems are pathological, including some forms of aggression. These problems, while never cured, can be treated and managed effectively so that the pet and family have a good quality of life. Euthanasia may result if the problems are not treated or managed appropriately. The purpose of this appointment is to avoid euthanasia if possible and help the pet to live a long, healthy, happy life.

I have read and understand all the information presented above.  Yes No

If you have any questions or concerns please contact us.

Name of person responsible for the pet:

Signature:  Date:

Please bring the signed form to the appointment to expedite check in or return it with your behavior questionnaire.

Thank you for taking the time to complete all of the forms.

\* Release form adapted from K. Overall and S. Crowell-Davis