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

|  |
| --- |
| **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 [ ]  ShyTo 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 [ ]  ShyTo 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:  |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
| **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 eachBrand(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 [ ]  NoDetails:       |
| 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 [ ]  NoDetails:       |
| **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 [ ]  NoHow 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 [ ]  OtherReason 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 [ ]  NoDetails:       |
| 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 [ ]  NoDetails:       |
| 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 [ ]  OtherReason 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 [ ]  FetchOther:       |
| 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 [ ]  NoDetails:       |
| Is your dog more obedient with some people than with others? If so, provide details: | [ ]  Yes [ ]  NoDetails:       |
| 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 orAir 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 bruisingFill 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 [ ]  NoDetails:       |
| Does your dog display aggression (growling, snarling, snapping, biting) to visitors **inside** your home? If yes, provide details: | [ ]  Yes [ ]  NoDetails:       |
| Does your dog display aggression (growling, snarling, snapping, biting) to visitors **outside** your home? If yes, provide details: | [ ]  Yes [ ]  NoDetails:       |
| Has your dog ever bitten or attacked anyone?If yes, how many: | [ ]  Yes [ ]  NoDetails:       |
| 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 |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| **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 ChangeDetails:       |
| Were medications or natural remedies used? | **[ ]  Yes [ ]  No**  |
| **Name of medications/ remedies used**  **(to alter behavior)** | **Dose** | **How long used** | **Effect** | **Side effects** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **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