

Canine Behavior History Form

Please complete the following information with as much detail as possible. Please return the completed form to Magrane Pet Medical Center via email (magrane@magranepmc.com) or in person. An appointment will be scheduled after the completed paperwork has been received.

Name:

Email:

Phone number:

Address:

Patient Information:

Name:

Breed:

Age:

Date of birth:

Sex: Male Female

Spayed/neutered? Yes No Age:

Household information:

Number of adults, > 18 yrs old (name, age, sex):

Number of children (name, age, sex):

Primary caretaker of dog:

Other dogs in home (name, breed, sex, spayed/neutered), please list in order obtained:

Any other animals in home (species, age) please list in order obtained:

Please describe how the pets get along:

Background information:

1. Age pet was obtained:

2. Where did you obtain your dog:

Own breeding

Shelter/Rescue

Breeder

Other (Please describe)

3. What is the primary purpose of your dog?

Adult's pet

Farm/outside dog

Watch/Guard dog

Children's pet

Hunting dog

Other (please describe)

Family pet

Obedience

Breeding

Service/working dog

Show dog

4. If obtained as a puppy, how did you select your dog from a litter?

Biggest/dominant

Most outgoing

Other (please describe)

Breeder selected

Most timid

Appearance

Smallest/submissive

5. Did you meet your dog's parents or have information about litter mates? If so, please describe:

6. If your dog was previously owned, what was his/her primary purpose?

Adult's pet

Obedience

N/A

Children's pet

Service/working dog

Other (please describe)

Family pet

Show dog

Breeding

Watch/guard dog

Farm/outside dog

Research/teaching

Hunting dog

Unknown

7. How would you describe your dog's personality as a puppy?

Aggressive to owner

Friendly to strangers

Unknown

Aggressive to strangers

Happy/outgoing

Other (please describe)

Aloof

Hyperexcitable

Anxious

Inhibited

Fearful

Shy of strangers

Friendly to owner

Submissive

8. How would you describe your dog's personality now?

- | | | |
|--------------------------------------------------|------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Aggressive to owner | <input type="checkbox"/> Friendly to strangers | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Aggressive to strangers | <input type="checkbox"/> Happy/outgoing | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Aloof | <input type="checkbox"/> Hyperexcitable | <input type="text"/> |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Inhibited | |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Shy of strangers | |
| <input type="checkbox"/> Friendly to owner | <input type="checkbox"/> Submissive | |

9. Any additional comments about your dog's personality?

Medical information

1. Please list all previously diagnosed medical problems and how they were treated

2. Please list any current medical problems

3. Please list all current medications and/or supplements your dog is currently receiving:

General information

- How much time does your dog spend indoors (%) , outside (%)
- Where does your dog stay when left alone?

3. Where does your dog sleep at night?

4. How many times is your dog walked per day?

5. Average hours of walking exercise daily?

6. What is your dog walked on?

- Off leash Choke collar Harness
 Flat collar Pinch collar Head halter

Reason:

7. Diet

Food (brand, type):

Treats (brand, type):

Does your dog finish each meal? Yes No

Frequency of meals: /day

Where is the dog fed?

8. Play

Does your dog play with toys?

What are his/her favorite toys?

9. Daily schedule

Average # hours dog left alone per weekday:

Schedule on weekdays: Consistent Varies

10. Have there been any major changes in your dog's environment/schedule since you obtained the dog? If so, please describe the changes, when they occurred, and how you think they affected your dog?

Behavioral conditioning and training

1. Types/level of training, check all that apply to your dog

- | | | |
|-------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Crate trained | <input type="checkbox"/> Attended obedience classes | <input type="checkbox"/> Trained for other work |
| <input type="checkbox"/> Attended puppy classes | <input type="checkbox"/> Shown in trials | <input type="checkbox"/> Trained service dog |

2. Types of discipline, check all that apply

- | | | |
|-------------------------------------------|-----------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Verbal reprimand | <input type="checkbox"/> Startle | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Training device | <input type="checkbox"/> Physical | <div style="border: 1px solid black; width: 150px; height: 20px;"></div> |
| <input type="checkbox"/> Time out | | |

3. What method did you use when house training your dog? At what age was your dog house trained? Does your dog ever eliminate in the house now?

4. Does your dog know any commands? Who trained your dog? Does your dog follow commands better from certain people or in certain places/situations?

5. What techniques were used to train your dog?

6. Did you, or anyone else, use any of the following draining tools to train your dog? (Please check all that apply)

- | | | |
|------------------------------------------------------|--------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Flat collar | <input type="checkbox"/> Leash | <input type="checkbox"/> Toys |
| <input type="checkbox"/> Choke chain or choke collar | <input type="checkbox"/> Head Halter | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Prong collar | <input type="checkbox"/> Harness | <input type="text"/> |
| <input type="checkbox"/> Citronella spray | <input type="checkbox"/> Whistle | |
| <input type="checkbox"/> Other spray collars | <input type="checkbox"/> Clicker | |
| <input type="checkbox"/> Ultrasonic or shock collar | <input type="checkbox"/> Treats | |

7. How does your dog respond to being crated?

Chief Complaint:

1. What is the main behavior problem or chief complaint?

2. When did the problem first begin?

3. How often does the problem occur?

per day per week per month

4. What is the severity of the problem:

- Very serious Serious Not serious

5. Have you identified any triggers for the problem (when, where, presence of people/other animals, circumstances)?

6. Describe the first incident of the problem in detail. When and where did it occur? People and animals present? What did your dog do and what did he/she look like? How did you react? Was there a trigger for the incident?

7. Describe the most recent incident in detail:

8. Describe any other incident(s) you believe may be relevant, including the most severe incident (if not reported above):

9. Has there been a change in intensity, appearance, and/or frequency of the problem since it started? If so, please describe how it has changed.

10. What has been done previously to correct the problem? Did it change the behavior?

11. Have you considered euthanasia or rehoming your dog because of this problem?

Yes No

12. Do you have any further comments about this problem?

13. What are your goals for this behavior consultation relating to this problem?

If there are other behavior problems you would like addressed, please complete questions 2-12 above for each additional problem.

Aggression profile

Please review the list of situations below and check all reactions your dog has displayed, even if it only occurred once. A familiar person may be a family member or people with whom the dog has interacted regularly.

Situation	N/A	No aggression	Barks	Growls / shows teeth	Lunges or snaps (no contact)	Bites (contact)	Comments
Unfamiliar person at door							
Unfamiliar person in home							
Unfamiliar person outside car							
Unfamiliar person on leash off property							
Unfamiliar person off leash off property							
Bicycles, roller blades, joggers on walk							
Babies (non-family member)							
Children (non-family member)							
Veterinary staff at vet clinic							
Staff at groomer/boarding kennel							
Unfamiliar dog on leash off property							
Unfamiliar dog off leash off property							
Unfamiliar dog from property							
Unfamiliar dog outside car							
Owner trimming nails							
Owner medicating							
Owner grooming							
Owner bathing							
Owner wiping feet							
Owner petting dog elsewhere							
Owner lifting dog up							
Owner putting on/taking off collar							
Owner reaching over/petting on head							
Owner reaching/grasping collar							
Owner playing rough							
Owner walking by food while dog eats							

Owner grabbing food dish while dog eats							
Owner taking away bone/toy/stolen object							
Owner approaching dog on bed/crate							
Owner disturbing sleeping dog							
Owner stepping over lying dog							
Owner giving verbal reprimand							
Owner giving physical punishment							
Owner staring at dog							

If your dog has ever bitten anyone, please describe the incident(s) below

Individual bitten (Name, relationship to dog)	Situation	Part of body bitten	Severity (was skin broken, etc.)

Fear and Anxiety Profile

Please review the list of situations below, if your dog displays any of the following behavior, please check the box that best describes the frequency of the behavior.

- 1. Never (0%) 2. Sometimes (<50%) 3. Often (50-80%)
4. Almost always (>80%) 5. Unknown/Not applicable**

	1	2	3	4	5
Follows you around the house					
Becomes anxious when you leave					
Becomes aggressive when you leave					
Barks/whines excessively within 30 minutes of departure					
Decrease activity level after you leave					
Lose appetite after you leave					
Becomes destructive only in your absence					
Eliminates in home only in your absence					
Excessive greeting when you return home					
Fearful of people					
Fearful of other dogs					
Fearful of other animals					
Fearful of noises					
Fearful of thunderstorms					
Fearful of new objects					
Fearful of inanimate objects (vacuum, broom, etc.)					

Please check any of the following behaviors displayed during the listed situations:

1. Owners leaving

- Destruction (furniture, carpet, door)
- Salivation
- Elimination (urination/defecation)
- Vocalization
- Hiding
- Shaking
- Pacing
- Panting
- Staying near you
- Excessive drinking

2. Thunder

- Destruction (furniture, carpet, door)
- Salivation
- Elimination (urination/defecation)
- Vocalization
- Hiding
- Shaking
- Pacing
- Panting
- Staying near you
- Excessive drinking

3. Loud noises (other than thunder)

- Destruction (furniture, carpet, door)
- Salivation
- Elimination (urination/defecation)
- Vocalization
- Hiding
- Shaking
- Pacing
- Panting
- Staying near you
- Excessive drinking

Thank you for taking to time to fill out this questionnaire, we look forward to working with you.