

Canine Behavioral History

Please answer the following questions to the best of your ability and return this form via e-mail, fax, or mail. Please call or e-mail to let us know if you will be mailing the form. (Fill out this form for each pet)

Date: _____

Client Information

Full Name: _____

Additional Owners Name: _____

Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Patient Information

Pet Name: _____

Breed: _____

Color/Markings: _____

Date of Birth (approximate date if unknown): _____

Sex: Female Female Spayed Male Male Neutered

Weight: _____

Referral Information

Who referred you to us?

Self Friend Trainer Veterinarian Other

Primary Care Veterinarian

Dr. _____

Clinic Name: _____

Address: _____

Phone: _____

Fax: _____

Your Dog's Background

How old was your dog when you obtained him/her? _____

Has your dog lived at your home since you obtained him/her? _____

How old was your dog when spayed/neutered (if known)? _____

Where did you get your dog from?

- SPCA
- Rescure/Shelter
- Breeder
- Pet Store
- Friend/Family
- Stray
- Other: _____

Was your dog imported from another country?

Yes No Unknown

Has your dog had any previous owners other than the breeder?

Yes No Unknown

Did you ever meet the parents of your dog?

No Mother Father

Why did you decide to get a dog?

- Companion
- Protection
- Competition, Dog Sports
- Show/Conformation
- Service/ Working Dog
- Hunting
- Breeding
- Other: _____

Have you owned a dog/s before?

Yes No Other

Why did you choose this dog breed? _____

Dogs Medical History

Please have your pets medical records (past & present) sent to us via email
info@sagecreekanimalhospital.ca.)

Does your dog currently exhibit or have a history of any of the following medical concerns?

- None
- Vomiting or diarrhea, sensitive stomach
- Chronic scratching or itching
- Lameness or stiffness, arthritis
- Other pain related conditions
- Decreased appetite
- Seizures
- Other: _____

Has your dog had recent veterinary exams or tests (within last 3 months)? (check all that apply)

- No, or last exam over 3 months ago
- Physical Exam
- Blood work
- Urine Testing
- Radiographs
- Ultrasound
- I don't know
- Other: _____

Date of last rabies vaccine? _ _____

Is your dog on routine parasite, flea/tick, or heartworm preventative(s)?

Yes No

How often does your dog defecate?

1-2 times a day 2-3 times a day Over 3 times per day

How would you describe your dog stool?

- Normal (firm but not hard, segmented, leaves little residue when picked up)
- Hard & Dry (often in small pellets)
- Soft (formed, not segmented, leaves residue when picked up)
- Diarrhea (unformed piles, watery)
- Mixed
- Other: _____

How often does your dog urinate?

1-2 times per walk 3-5 times per walk Over 5 times per walk

Medication and Supplements

Is your dog currently on any medication or supplements? Please list all medications & supplements, even if not related to behavior.

Name of Medication/Supplement	Strength	How ? (chews 1 a day)

Diet and Feeding

What type of food do you currently feed your dog? Check all that apply.

Veterinary Diet Pet Store Diet Supermarket bought Homecooked
 Raw Food Other: _____

How often do you feed your dog per day? _____

How much do you feed your dog per day? (1 cup, 2 cups, 1 can, 1/2 can, etc) _____

Is your dog's feeding schedule consistent?

Yes No

Do you give you dog treats?

Yes No

How often do you give your dog treats? _____

Home Environment

Please list the people, including yourself, living in your household. Please include ages of children.

Name	Age	Hours away from home

Please list all animals in the household including patient, in the sequence in which they were obtained.

Name	Species	Breed	Sex	Age obtained	Age now

What is your dogs relationship to the other animals in the home (e.g. friendly, hostile, fearful)? Please describe. _____

What type of area do you live in? (Select one) City/Town Suburbs Rural

Does your dog interact with other animals or children outside of your home?

Yes No

Trainer Information

Are you currently working with a trainer? Yes No

Do you currently train your dog? Yes No

Has your dog had any of the following training in the past?

- Attended group puppy classes (> 4 months of age)
- Sent away for boarding and training
- Yes - Professional Dog Training
- No, but I trained my dog myself
- No, my dog is not trained

How would you rank your dog's overall level of training?

Poor Average Excellent

To what commands or cures does your dog respond to? (Check all that apply)

None Sit Stay Down Come

Loose leash walking Formal heel on-leash Formal heel off-leash Fetch

Have you done any training for competition? (check all that apply)

- No. never trained for a competition
- Obedience (Rally -O)
- Conformation
- Agility
- Hunting/Retreiving
- Other _____

How do you discipline your dog? (Check all that apply)

- I don't
- Verbal Reprimand
- Physical reprimand (leash correction)
- Physical (spank, hit or kick)
- Shock Collar
- Noise to startle
- Time out
- Muzzle Grab
- Forced Down
- Other

Daily Management of Your Dog

Who is the primary care taker of your dog? _____

What type of home do you live in?

House Apartment Rural/Farm Other

Where does your dog spend most of their time ?

Indoors Outdoors Other

How many hours is your dog home alone on average per weekday (Monday-Friday)?

Less than 5 5-10 over 10

Where does your dog spend most of his/her time when alone in the house?

Does your dog tolerate being confined in a crate or otherwise?

Yes No

How many hours is your dog home alone on average on weekends (Saturday & Sunday)?

Less than 5 5-10 over 10

Where does your dog sleep at night? Please be specific. _____

Where is your dog when you have guests? _____

Do you have a camera to see what your dog is doing while you are away? _____

Exercise and Walks (off the property)

What best describes your dog level of activity?

- Low
- Average
- High
- Hyperactive

Does your dog get walked off your property?

Yes No

Who is the primary care taker of your dog? _____

How often is the dog walked per day?

1 time 2-3 times More than 3 times

Approximately, how long is each walk? _____

How consistent is your dog's walking schedule?

Consistent Variable

Is your dog...

Always on leash Always off leash Off leash when possible

What type of collar/harness does your dog wear on a walk?

- Flat (buckle) collar
- Front attached harness
- Back attached harness
- Head halter
- Choke chain
- Pinch collar
- Other

Do you exercise your dog other than walking it?

Yes No

How else do you exercise your dog? (Check all that apply)

- Playing with ball/toys
- Training
- Running/Jogging
- Hikes
- Swimming
- Other

Social Behavior

Please answer each of the questions below, and be as detailed as possible.

Does your dog greet you when you come home? _____ Yes _____ No

- *If yes, please explain.* _____

How does your dog behave with visitors, adult or children? _____

How does your dog behave with the veterinarian? _____

How does your dog act when he/she sees strange dogs/cats outside?

How often does your dog bark? _____

How often does your dog growl? _____

Does your dog ever show aggressive behavior towards people? _____

Does your dog ever show aggressive behavior towards animals? _____

Agression Screening

Has your dog ever displayed aggression toward people? _____ Yes _____ No

In terms of aggressive behavior... can you usually tell what is setting your dog off?

_____ Yes _____ No

Is your dogs aggressive behavior new and uncharacteristic? ___ Yes _____ No

Has your dog ever bitten someone ? ___ Yes _____ No

If yes, how many times? _____

Has your dog ever bitten someone and broken skin ? ___ Yes _____ No

Total number of bites _____ Total number of bites that have broken skin _____

Who was the bite(s) directed towards?

- Unfamiliar adults
- Unfamiliar children
- Familiar adults
- Familiar children
- Other pets (living in household)
- Neighborhood pets
- Other

Has your dog ever been reported to public health authorities or animal control for aggressive behavior ? ___ Yes _____ No

What level best describes the most significant aggressive incident to a person?

Level 1: Harassment, barking, air biting, lunging, snapping. Did not make contact or touch skin.

Level 2: Snap. Teeth made contact with the skin, but no punctures. Pain or bruising occurred.

Level 3: 1-4 punctures from a single bite, no tearing (all punctures less than half the length of canine tooth/fang)

Level 4: 1-4 punctures from a single bite, tearing, head shake (all punctures over half the length of canine tooth/fang)

Level 5: Multiple level 3-4 bites from a single aggressive incident. Offensive.

Level 6: Bite resulted in fatality/death

Behavior Problems

- Identify the main behavior problem and any additional behavior problems
- Behavior problems should be listed below in order of importance, #1 being most important
- The more detailed information you provide, the more time we will have during your appointment to work on a treatment plan, so please try to be as specific as you can

Problem 1

Choose from the following:

- Aggressive or fearful behavior toward familiar people
- Aggressive or fearful behavior toward unfamiliar people
- Aggressive or fearful behavior towards dogs from the same household
- Aggressive or fearful behavior towards dogs outside of the household
- Aggressive or fearful behavior towards all other animals
- Aggressive or fearful behavior towards objects
- Aggressive or fearful behavior towards moving objects
- Fear - Objects and environments
- Fear - Noises (Fireworks, alarms, , thunder, environmental noises, etc)
- Separation Anxiety
- Excessive Vocalizing (barking, whining, howling, etc)
- Destructive Behaviors (chewing, biting, scratching furniture. etc)
- House Soiling
- Unruly or Unwanted behaviors
- Repetitive behaviors (tail biting, chasing, fly chasing, excessive licking, etc)
- Unruly or Unwanted behaviors
- General Nervousness
- Other

Indicate the frequency of the behavior.

- 1-10 times per day Over 10 times a day 1-6 times per day
less than 1 time per day happened only once

What is the first thing you noticed that triggers this behavior?

How do people , including then handler react to the dog before, during, and after the incident?

- Yelling, screaming at the dog
- Tugging, pulling at leash
- Physical reprimand
- Upset, sad, cry
- Ignore and do nothing
- Comfort the dog by hugging, petting or cuddling
- Other

Describe a typical incident in your best detail:

Describe the most recent incident:

Describe the first time you noticed the incident:

Describe the worst incident:

How old was your dog when the behavior first started? _____

Were there any changes in the household when the problem first started? ___ Yes _____ No

Has this problem progressed over time? ___ Yes _____ No

Have you attempted any behavior training techniques for this problem? ___ Yes _____ No

Has your dog ever been prescribed medication to help assist with this problem?

___ Yes _____ No If yes, what was it: _____

Seriousness of the problem:

- I am just here about curiosity, problem is not serious
- I would like to change the problem, but it is not serious
- The problem is serious and needs to be changed
- The problem is very serious and if it remains I will not keep my dog

Problem 2

Choose from the following:

- Aggressive or fearful behavior toward familiar people
- Aggressive or fearful behavior toward unfamiliar people
- Aggressive or fearful behavior towards dogs from the same household
- Aggressive or fearful behavior towards dogs outside of the household
- Aggressive or fearful behavior towards all other animals
- Aggressive or fearful behavior towards objects
- Aggressive or fearful behavior towards moving objects
- Fear - Objects and environments
- Fear - Noises (Fireworks, alarms, , thunder, environmental noises, etc)
- Separation Anxiety
- Excessive Vocalizing (barking, whining, howling, etc)
- Destructive Behaviors (chewing, biting, scratching furniture. etc)
- House Soiling
- Unruly or Unwanted behaviors
- Repetitive behaviors (tail biting, chasing, fly chasing, excessive licking, etc)
- Unruly or Unwanted behaviors
- General Nervousness
- Other

Indicate the frequency of the behavior.

1-10 times per day Over 10 times a day 1-6 times per day
less than 1 time per day happened only once

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How do people , including then handler react to the dog before, during, and after the incident?

- Yelling, screaming at the dog
- Tugging, pulling at leash
- Physical reprimand
- Upset, sad, cry
- Ignore and do nothing
- Comfort the dog by hugging, petting or cuddling
- Other

Describe a typical incident in your best detail: ¹²

Describe the most recent incident:

Describe the first time you noticed the incident:

Describe the worst incident:

How old was your dog when the behavior first started? _____

Were there any changes in the household when the problem first started? ___ Yes _____ No

Has this problem progressed over time? ___ Yes _____ No

Have you attempted any behavior training techniques for this problem? ___ Yes _____ No

Has your dog ever been prescribed medication to help assist with this problem?
___ Yes _____ No If yes, what was it: _____

Seriousness of the problem:

- I am just here about curiosity, problem is not serious
- I would like to change the problem, but it is not serious
- The problem is serious and needs to be changed
- The problem is very serious and if it remains I will not keep my dog

Problem 3

Choose from the following:

- Aggressive or fearful behavior toward familiar people
- Aggressive or fearful behavior toward unfamiliar people
- Aggressive or fearful behavior towards dogs from the same household
- Aggressive or fearful behavior towards dogs outside of the household
- Aggressive or fearful behavior towards all other animals
- Aggressive or fearful behavior towards objects
- Aggressive or fearful behavior towards moving objects
- Fear - Objects and environments
- Fear - Noises (Fireworks, alarms, , thunder, environmental noises, etc)
- Separation Anxiety
- Excessive Vocalizing (barking, whining, howling, etc)
- Destructive Behaviors (chewing, biting, scratching furniture. etc)
- House Soiling
- Unruly or Unwanted behaviors
- Repetitive behaviors (tail biting, chasing, fly chasing, excessive licking, etc)
- Unruly or Unwanted behaviors
- General Nervousness
- Other

Indicate the frequency of the behavior.

- 1-10 times per day Over 10 times a day 1-6 times per day
less than 1 time per day happened only once

What is the first thing you noticed that triggers this behavior?

How do people , including then handler react to the dog before, during, and after the incident?

- Yelling, screaming at the dog
- Tugging, pulling at leash
- Physical reprimand
- Upset, sad, cry
- Ignore and do nothing
- Comfort the dog by hugging, petting or cuddling
- Other

Describe a typical incident in your best detail:

Describe the most recent incident:

Describe the first time you noticed the incident:

Describe the worst incident:

How old was your dog when the behavior first started? _____

Were there any changes in the household when the problem first started? ___ Yes _____ No

Has this problem progressed over time? ___ Yes _____ No

Have you attempted any behavior training techniques for this problem? ___ Yes _____ No

Has your dog ever been prescribed medication to help assist with this problem?

___ Yes _____ No If yes, what was it: _____

Seriousness of the problem:

- I am just here about curiosity, problem is not serious
- I would like to change the problem, but it is not serious
- The problem is serious and needs to be changed
- The problem is very serious and if it remains I will not keep my dog

Behavior at the Veterinary Clinic

How do you feel your dog did at the last Veterinary visit?

Level 5: (High) Severe signs of FAS with aggressions such as growling, lunging, barking, snarling, etc)

Level 4: (High) Severe signs of FAS without aggression, such as immobility, fidgeting, escape behavior

Level 3: (Moderate) Displays more than 2 moderate signs of FAS occurring more than 4 times in a minute. Hesitant in interacting with team member and doctors.

Level 2: (Moderate) Displays 1-2 moderate signs of FAS such as ears pulled back, tail down, furrowed brow, slow movement, attention seeking, and/or panting with tighter mouth.

Level 1: (Low) Displays 1-2 mild signs of FAS such as lip licking, avoiding eye contact, turns head away, lifting paw partially dilated pupils, etc.

Level 0: (Low) No signs of FAS, pet displays relaxed body language, chooses to interact with team members.

Disclosure

I hereby give my permission for the use of recorded training material to be used in this process:

___ Yes _____ No

Printed Name:

Signature: