



Lincoln Land Animal Clinic, Ltd.

Animal Behavior Services

Colleen S. Koch, DVM

1150 Tendick St.

Jacksonville, IL 62650

217-245-9508

www.lincolnlandac.com

llanimalclinic@yahoo.com

Canine Behavior History Form

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 #:
Referred by:	Email:
	Name:
Basic Patient Information	
Patient's Name:	
Age:	
Breed & Color:	Breed: Color:
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Spayed or Neutered: Age when performed:	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered Age:
Weight: Body Condition Score:	lbs kg <input type="checkbox"/> Very Thin <input type="checkbox"/> Thin <input type="checkbox"/> Normal <input type="checkbox"/> Overweight <input type="checkbox"/> Obese
Date and Age when acquired (if known):	Date: Age:
How long have you owned the pet:	
Source:	<input type="checkbox"/> Own breeding <input type="checkbox"/> Breeder <input type="checkbox"/> Private home <input type="checkbox"/> Pet shop <input type="checkbox"/> Humane society/ rescue <input type="checkbox"/> Stray <input type="checkbox"/> Puppy mill <input type="checkbox"/> Don't know Other:
Litter size (if known):	
Age when weaned (if known):	
If obtained as a puppy how was the puppy raised:	<input type="checkbox"/> Inside house <input type="checkbox"/> Outside only <input type="checkbox"/> Crate/kennel <input type="checkbox"/> House & garage <input type="checkbox"/> Free run of house <input type="checkbox"/> Specific room <input type="checkbox"/> Don't know Other:
Primary purpose for which dog was obtained:	<input type="checkbox"/> Adult's pet <input type="checkbox"/> Family Pet <input type="checkbox"/> Children's pet <input type="checkbox"/> Show dog <input type="checkbox"/> Breeding <input type="checkbox"/> Watch/guard

	<input type="checkbox"/> Farm/outside <input type="checkbox"/> Obedience	<input type="checkbox"/> Hunting <input type="checkbox"/> Looks Other:	<input type="checkbox"/> Service /working <input type="checkbox"/> Other:
If the dog was previously owned, for what primary purpose was the dog kept:	<input type="checkbox"/> Adult's pet <input type="checkbox"/> Show dog <input type="checkbox"/> Farm/outside <input type="checkbox"/> Don't know	<input type="checkbox"/> Family Pet <input type="checkbox"/> Breeding <input type="checkbox"/> Hunting <input type="checkbox"/> Research/ teaching	<input type="checkbox"/> Children's pet <input type="checkbox"/> Watch/guard <input type="checkbox"/> Service /working <input type="checkbox"/> Other:
How did you select this particular dog:	<input type="checkbox"/> Breeder selected <input type="checkbox"/> Most outgoing <input type="checkbox"/> Smallest <input type="checkbox"/> Other:	<input type="checkbox"/> No Choice <input type="checkbox"/> Biggest <input type="checkbox"/> Submissive	<input type="checkbox"/> Most timid/shy <input type="checkbox"/> Assertive <input type="checkbox"/> Looks <input type="checkbox"/> N/A
Describe your dog's personality as a puppy:	To Owner: <input type="checkbox"/> Friendly <input type="checkbox"/> Aloof <input type="checkbox"/> Aggressive <input type="checkbox"/> Shy To Strangers <input type="checkbox"/> Friendly <input type="checkbox"/> Aloof <input type="checkbox"/> Aggressive <input type="checkbox"/> Shy <input type="checkbox"/> Happy outgoing <input type="checkbox"/> Anxious <input type="checkbox"/> Inhibited <input type="checkbox"/> Submissive <input type="checkbox"/> Hyper-excitable <input type="checkbox"/> Fear of noises <input type="checkbox"/> Fearful of environment <input type="checkbox"/> Don't know Other:		
Describe your dog's current personality:	To Owner: <input type="checkbox"/> Friendly <input type="checkbox"/> Aloof <input type="checkbox"/> Aggressive <input type="checkbox"/> Shy To Strangers <input type="checkbox"/> Friendly <input type="checkbox"/> Aloof <input type="checkbox"/> Aggressive <input type="checkbox"/> Shy <input type="checkbox"/> Happy outgoing <input type="checkbox"/> Anxious <input type="checkbox"/> Inhibited <input type="checkbox"/> Submissive <input type="checkbox"/> Hyper-excitable <input type="checkbox"/> Fear of noises <input type="checkbox"/> Fearful of environment <input type="checkbox"/> Don't know Other:		
Has your dog been bred? If so age:	<input type="checkbox"/> Yes <input type="checkbox"/> No Age:		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: ☐ Apartment ☐ House ☐ Condo ☐ Townhome
 If other, provide details: ☐ 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
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Medical History

Date of last veterinary visit

What are the most recent set of vaccinations received and date, select all that apply: ☐ Rabies ☐ 1yr ☐ 3 yr Date:
☐ Distemper ☐ 1yr ☐ 3 yr Date:
☐ Parvovirus ☐ Coronavirus Date:

	<input type="checkbox"/> Leptospirosis Date: <input type="checkbox"/> Bordetella Intranasal Date: <input type="checkbox"/> Bordetella Injectable 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:	Route: Frequency given:
Medication: Dose:	Route: Frequency given:
Medication: Dose:	Route: Frequency given:
Medication: Dose:	Route: Frequency given:
Medication: Dose:	Route: Frequency given:
Has there been any change in: Drinking- Eating-	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: <input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Have you noticed any of the following:	<input type="checkbox"/> Coughing <input type="checkbox"/> Sneezing <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea
Has your dog ever been treated for their behavior in the past? If so, describe treatment and medication (if applicable):	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe treatment: Medications: Dose: Medications: Dose: Medications: Dose: Medications: Dose:
Does your pet have or ever had any seizures:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ever use the following medications	<input type="checkbox"/> Tramadol (pain medication) <input type="checkbox"/> Promeris (flea medication) <input type="checkbox"/> 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:	<input type="checkbox"/> Consistent <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Describe your dog's appetite: What speed do they typically eat at:	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Fast <input type="checkbox"/> Slow

Do you have to be present for your dog to eat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are your dogs favorite foods:	
Do you give your dogs treats?	<input type="checkbox"/> Yes <input type="checkbox"/> No Types of treats:
If yes, is it contingent on behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe how treats are used:	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, provide details:	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how often and any idea why:	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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your dog run the fence-line barking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes:	<input type="checkbox"/> Other dogs <input type="checkbox"/> At people <input type="checkbox"/> Other:
Does your dog enjoy exploring on their own:	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
What type of exercise does your dog receive:	<input type="checkbox"/> Walk <input type="checkbox"/> Run <input type="checkbox"/> Agility Training
If other, provide details:	<input type="checkbox"/> Other Details:
Is this done on or off a lead:	<input type="checkbox"/> On <input type="checkbox"/> Off
What type of equipment does the dog wear while being exercised	<input type="checkbox"/> Flat collar <input type="checkbox"/> Harness <input type="checkbox"/> Head halter <input type="checkbox"/> Martingale <input type="checkbox"/> Prong /pinch collar <input type="checkbox"/> Choke collar <input type="checkbox"/> Shock collar <input type="checkbox"/> Remote collar <input type="checkbox"/> e-collar <input type="checkbox"/> Other Reason used:
Exercise schedule including average hour/day	<input type="checkbox"/> < 1/week <input type="checkbox"/> once/day <input type="checkbox"/> twice/day <input type="checkbox"/> 3x/day <input type="checkbox"/> several times/week <input type="checkbox"/> >3x/day <input type="checkbox"/> Other <input type="checkbox"/> Consistent <input type="checkbox"/> Varies Details:
Is there any specific time devoted to play or training on a daily basis:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your dog play games with you or other family members? If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Who initiates play:	<input type="checkbox"/> Canine <input type="checkbox"/> People
What types of toys does your dog play with: If other, provide details:	<input type="checkbox"/> Balls <input type="checkbox"/> Bones <input type="checkbox"/> Ropes <input type="checkbox"/> Frisbee <input type="checkbox"/> Other Details:
Where does your dog stay during the day when no one is home:	<input type="checkbox"/> Crate <input type="checkbox"/> Specified Room <input type="checkbox"/> Free Run (in house) <input type="checkbox"/> Free Run (fenced yard) <input type="checkbox"/> Outside Kennel <input type="checkbox"/> Outside tied

	<input type="checkbox"/> Daycare <input type="checkbox"/> Other Describe:
What does your dog do as you prepare to depart:	Details:
Does your dog bark or whine when you leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Typically, how long is your dog left alone without people on any given day: Consistent or varied?	<input type="checkbox"/> Consistent <input type="checkbox"/> 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?	<input type="checkbox"/> Vocalize <input type="checkbox"/> Destructive behaviors <input type="checkbox"/> Urinate <input type="checkbox"/> Defecate <input type="checkbox"/> Digging <input type="checkbox"/> Self licking/chewing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> 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):	<input type="checkbox"/> Yes <input type="checkbox"/> No Age started: Details:
Please list names of trainers used/locations:	
What types of training techniques were used:	
Level of training	<input type="checkbox"/> Crate training <input type="checkbox"/> Attended puppy classes (<4mo) <input type="checkbox"/> Service dog training <input type="checkbox"/> Obedience classes <input type="checkbox"/> Shown in trials <input type="checkbox"/> Trained for other work <input type="checkbox"/> Agility <input type="checkbox"/> Schutzhund <input type="checkbox"/> Other
What types of training aids have been used:	<input type="checkbox"/> Flat collar <input type="checkbox"/> Harness <input type="checkbox"/> Head halter <input type="checkbox"/> Martingale <input type="checkbox"/> Prong /pinch collar <input type="checkbox"/> Choke collar <input type="checkbox"/> Shock collar <input type="checkbox"/> Remote collar <input type="checkbox"/> e-collar <input type="checkbox"/> Other Reason used:
How well did your dog do in class? If asked to leave, explain why:	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Average <input type="checkbox"/> Excellent
How would you rate their learning ability:	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Average <input type="checkbox"/> 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:	<input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Down <input type="checkbox"/> Fetch Other:
Does your dog do tricks:	<input type="checkbox"/> Shake <input type="checkbox"/> Rollover Other:
Does your dog pull when on a lead:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Is your dog more obedient in some paces than others? If so, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Is your dog more obedient with some people than with others? If so, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> 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				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> The same
Response substitution				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> The same
Verbal reprimand				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> The same
Distraction				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> The same
Redirection				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> The same
Startling				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> The same
Physical				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> The same
Shock				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> The same
Time out				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> The same
Shake down				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> The same
Roll over (alpha roll)				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> The same
Water				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> The same
Noise can or Air can				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> The same
Other				<input type="checkbox"/> Yes	<input type="checkbox"/> Increasing

				<input type="checkbox"/> No	<input type="checkbox"/> Decreasing <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reaching over or petting head	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Petting dog elsewhere	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Disturbed when resting	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Disciplining	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Walking on the lead	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taking food away	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taking other objects	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Grooming/Brushing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Nail trimming	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Wiping feet	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Bathing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Grasping collar, or restraining	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Roughhousing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lifting the dog up	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Physical punishment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taking on/off collar	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Staring at dog	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Does your dog display aggression (growling, snarling, snapping, biting) to visitors inside your home? If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Does your dog display aggression (growling, snarling, snapping, biting) to visitors outside your home? If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Has your dog ever bitten or attacked anyone? If yes, how many:	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Happy to greet everyone, friendly <input type="checkbox"/> Neutral <input type="checkbox"/> Fine <input type="checkbox"/> Cowers, fearful <input type="checkbox"/> Struggles to get away/escape <input type="checkbox"/> Aggressive with restraint <input type="checkbox"/> Aggressive as soon as approached <input type="checkbox"/> Needs to be muzzled <input type="checkbox"/> Needs to be sedated <input type="checkbox"/> Other	
Behavior at groomers	<input type="checkbox"/> Happy to greet everyone, friendly <input type="checkbox"/> Neutral <input type="checkbox"/> Fine <input type="checkbox"/> Cowers, fearful <input type="checkbox"/> Struggles to get away/escape <input type="checkbox"/> Aggressive with restraint <input type="checkbox"/> Aggressive as soon as approached <input type="checkbox"/> Needs to be muzzled <input type="checkbox"/> Needs to be sedated <input type="checkbox"/> Other	

Behavior at boarding facility	<input type="checkbox"/> Happy to greet everyone, friendly <input type="checkbox"/> Neutral <input type="checkbox"/> Fine <input type="checkbox"/> Cowers, fearful <input type="checkbox"/> Struggles to get away/escape <input type="checkbox"/> Aggressive with restraint <input type="checkbox"/> Aggressive as soon as approached <input type="checkbox"/> Needs to be muzzled <input type="checkbox"/> Needs to be sedated <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No		Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	Details:
Another dog <input type="checkbox"/> Yes <input type="checkbox"/> No		Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	Details:
Household pet <input type="checkbox"/> Yes <input type="checkbox"/> No		Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	Details:
Other animal <input type="checkbox"/> Yes <input type="checkbox"/> No		Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	Details:
Other <input type="checkbox"/> Yes <input type="checkbox"/> No		Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	Details:
Is there legal action pending due to your dog's aggressive behavior?				<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Chronic <input type="checkbox"/> 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:	<input type="checkbox"/> Home <input type="checkbox"/> Away <input type="checkbox"/> Both
If destructive, does it occur when you're:	<input type="checkbox"/> Home <input type="checkbox"/> Away <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No Punishment:
Was there a bite wound:	<input type="checkbox"/> Puncture <input type="checkbox"/> Tear <input type="checkbox"/> Other
Prior to this incident, describe the previous three incidents:	1 2

		3		
How frequently does this type of incident occur:		<input type="checkbox"/> Multiple times a day <input type="checkbox"/> Daily <input type="checkbox"/> Several times a week <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Other:		
Does this problem occur when left alone:		<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never		
Does this problem occur when family members are present:		<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never		
What has been done to correct the problem:				
Is the problem getting:		<input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> No Change		
Do you suspect any cause:				
Previous treatment (s):				
After previous treatment the behavior was:		<input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> No Change Details:		
Were medications or natural remedies used?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
Have you considered removing your pet from the home if the problem cannot be improved?		<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:		
Under what circumstances would you consider relinquishing the dog to a shelter or rescue:				
Have you considered euthanasia?		<input type="checkbox"/> Yes <input type="checkbox"/> 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.				<input type="checkbox"/>
I would like to change the problem, but it is not serious.				<input type="checkbox"/>
The problem is serious and I would like to change it, but if it remains unchanged that's all right.				<input type="checkbox"/>

The problem is serious and I would like to change it, but if it remains unchanged I will keep my dog.	<input type="checkbox"/>
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.	<input type="checkbox"/>

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.	<input type="checkbox"/>
I wish to use behavior modification alone but will consider using medication if it is recommended.	<input type="checkbox"/>
I wish to use a combination of behavior modification and medications to improve my pet's problem.	<input type="checkbox"/>
I wish to use a combination of behavior modification and natural supplements to improve my pet's behavior problem.	<input type="checkbox"/>
I fully anticipate using medications to improve my pet's problem.	<input type="checkbox"/>
I am concerned about using medication or behavior modification because:	

Behavior modification

I feel more comfortable with implementing behavior modification on my own.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I would feel more comfortable implementing behavior modification with the guidance of a trainer you recommend.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Problems

Bed wetting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diarrhea/ vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	House soiling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Urine Marking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Barking/howling/ whining	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rolling in unsavory items	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demands attention	<input type="checkbox"/> Yes <input type="checkbox"/> No	Demands touch	<input type="checkbox"/> Yes <input type="checkbox"/> No	Jumps up on people	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wants own way	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aggressive to owners	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aggressive to strangers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aggr. to dogs in household	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aggr. to strange dogs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aggr. to other animals	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anorexia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chewing objects	<input type="checkbox"/> Yes <input type="checkbox"/> No	Coprophagia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compulsive eating	<input type="checkbox"/> Yes <input type="checkbox"/> No	Compulsive drinking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eating Grass/ Plants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pica	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eating garbage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Prey catching	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stealing food	<input type="checkbox"/> Yes <input type="checkbox"/> No	Light/shadow chasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Car etc. chasing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fly snapping	<input type="checkbox"/> Yes <input type="checkbox"/> No	Air/mouth licking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scratching self	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licking self	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sucking on self	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chewing on self	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cannibalism	<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking hind end	<input type="checkbox"/> Yes <input type="checkbox"/> No	False pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Masturbation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mounting people	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mounting animals	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self nursing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Circling/whirling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tail biting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Digging	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pacing, figure 8s	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lameness/cond.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roaming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scratching objects	<input type="checkbox"/> Yes <input type="checkbox"/> No	Freezing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hyper reactive	<input type="checkbox"/> Yes <input type="checkbox"/> No	Depressed inappetent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nervous/anxious	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fear of people	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fear of loud noises exc. thunder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hyper-excitable / active	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fear of thunder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fear objects/animals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fear of situations	<input type="checkbox"/> Yes <input type="checkbox"/> 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