

## Behavior Consult Form

The information that you will provide on this form is very important in formulating a treatment plan for your dog's behavior problem. Please answer all questions as completely and accurately as possible.

### Basic Information

Client Name			
Street Address			
Primary Phone		Secondary Phone	
E-mail		Fax Number	
Who referred you to the behavior clinic?			
Primary Veterinarian			
Clinic Name			
Phone Number			
Pet Name		Age	
Breed		Color	
Sex (M or F)		Neutered (yes or no)	
What is the date of last rabies vaccination:		May we contact your veterinarian for medical records?	

### Description of Problem

What is the main behavior problem you are having with your pet?

Please list any other problems exhibited by this dog. Mark the boxes with an X to indicate how serious you consider this problem.

Behavior Problem	Very Serious	Serious	Not Serious

How frequently do the problems occur?

Behavior Problem	Times per Week	Times per Month	Times per Year	Total Number of Occurrences

**Chronology of the Behavior Problem**

How old was the dog when the problem was first noticed?

Has the problem changed in any way since it began? Please describe.

Describe examples of the problem behavior in detail, including where it occurs, who is present..

1. Most recent incident.

2. Second to last incident

Are you aware of any specific triggers for your pet's behavior? If so, please describe.

What have you done so far to try to correct the problem?

How do you discipline your dog for this and for other misbehavior?

How does your dog react to discipline for this and for other misbehavior? Does discipline make the problem worse?

Does your dog misbehave in general circumstances? If so, describe these circumstances

**Dog's Background**

How old was this dog when you got him/her?

Where did you get this dog?

Has this dog had other owners?

How many?

If so, why was this dog given up?

At what age was your pet neutered? Was this done for behavioral reasons.

**Home environment**

Please list each person living in your household, including age, sex, hours away (9am-5pm), and what their relationship to your pet is.

Name	Age	Sex (M or F)	Relationship to Pet	Hours away from home

Please list all other pets in the household including species, breed, age, sex, and if they are neutered. Also number which order the pets were obtained in.

Number	Name	Species	Breed	Sex (M or F)	Neutered (Y or N)	Age

What is your dog's relationship to the other animals? Please describe.

Has your household (people or animals) changed since acquiring your dog?

How does the dog behave with familiar visitors (children or adults)?

How does the dog behave with unfamiliar visitors (children or adults) or people passing by?

How do you exercise your dog?

Is the dog free in a fenced yard? tied outside? run free?

Is your dog housetrained? How was this done?

Please draw a rough sketch of your house and yard, including important features (roads, neighbours, dogs, etc.) Use another paper to draw if you'd like.

### **Diet and feeding**

What do you feed your dog?

How much do you feed?

Do you have mealtimes or free choice feeding?

Who feeds the dog?

List your dog's favorite treats? How often does it get these?

- 1.
- 2.
- 3.
- 4.

What are your dog's favorite toys or activities?

**Daily Schedule**

Describe a typical 24-hour day in your dog’s life.

Where does your dog sleep at night?

Where is your dog when left alone?

Where is your dog when you have guests?

Is your dog crate trained?

**Obedience training**

What type of basic obedience training did your dog receive?

At what age was this training started?

Who in the family is the primary trainer?

What percent of the time does your dog obey the following commands, for each member of the family?

Family member	Sit	Down	Stay	Come	Heel

**Medical history**

Has your dog been diagnosed with any medical conditions?

Is your pet up to date on routine vaccines, including rabies?

Please list any medication that your dog currently receives including preventatives and supplements such as Interceptor, Frontline, and Glucosamine.

Medication	Dosage	How often	Reason Given

## Aggression Screen

Mark how your dog responds to the following situations.

<b>Task</b>	<b>No Response</b>	<b>Freezes/ Stares</b>	<b>Growls</b>	<b>Lifts Lip</b>	<b>Snaps / Bites</b>	<b>Not Applicable</b>
Approached by person while eating						
Approached by dog while eating						
Take away food dish with food in it						
Take away food dish while empty						
Take away toy, rawhide, special treat						
Approached by person while playing with toy						
Approached by dog while playing with toy						
Approached by person while sleeping						
Approached by dog while sleeping						
Step over dog						
Push off couch or bed						
Reach towards						
Put on leash						
Staring at by person						
Staring at by dog						
Stranger knocks at door						
Stranger enters house or yard						
Approached while in car						
Approached by person while on leash						
Approached by dog while on leash						
Passed by person while in yard						
Passed by dog while in yard						
While at vets/ kennel/ groomers						
When voice is raised to owner						
When someone touches owner						
Around small animals (cats, squirrels)						
Around bicycles, skateboards						
Around children of any age						

**Fear and Anxiety**

Describe how your dog reacts when left at home alone.

What is your dog's reaction to your departure?

What is his reaction when you come home?

Does your dog urinate or defecate in the house when he is left alone?

Does your dog salivate excessively when left alone?

When you are at home where does your dog usually stay?

Has your dog ever been known to destroy anything while you were away?

Does your dog vocalize excessively when you are not in the house?

How does your dog react to loud noises (fireworks, thunderstorms)?

**Long Term Expectations**

What are your goals for your pet's behavior?

How much time are you willing and able to spend on training and behavior modification for your pet?

If your dog displays aggression, are you willing and able to make changes that keep people and pets safe?

1. I am here only out of curiosity, the problem is not serious.	
2. I would like to change the problem, but it is not serious	
3. The problem is serious and I want to change it, but if it remains unchanged, I will keep my dog	
4. The problem is very serious. If it remains unchanged, I will have my dog euthanized or give it up.	

Thank you for taking the time to answer these questions. All of this information will be very helpful in treating your dog's behavior problem.