

Canine Behavioral History

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Please answer the following questions 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.

General Information

Date:	_____	Clinic #:	_____
Client's Name:	_____	Name of Pet:	_____
	_____	Breed:	_____
Zip Code:	_____	Date of Birth:	_____
Home Phone:	_____	Sex:	_____
Work/Day	_____	Neutered/	_____
Phone:	_____	Spayed:	_____
Email:	_____		

Who is your regular veterinarian?

Dr. _____

Clinic Name: _____

Address: _____

Phone: _____

Fax: _____

What is the main behavior problem or complaint?

Additional problems

(please list):

How frequently does the problem (or problems) occur (how many times daily, weekly or monthly)?

a. Main Problem: Frequency:

b. Other Problem: Frequency:

c. Other Problem: Frequency:

Chronology of the Behavior Problem

When did you first notice the main problem (age of dog)?

When did it first become a serious concern?

In what general circumstances does the problem behavior occur?

Has this problem changed in frequency? Please describe.

Has this problem changed in intensity? Please describe.

Has this problem otherwise changed?

Describe several examples in detail:

1. Most recent incident: (Date: _____)

2. Second to last incident: (*Date:* _____)

3. Third to last incident: (*Date:* _____)

Describe any other significant incidents:

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

Have you used any tools to correct this behavior, such as electric collars, prong collars, head harnesses?

Home Environment

Please list the people (including you) living in your household and ages of children.

Name	Age	Hours Away From Home

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

Name	Species	Breed	Sex	Age Obtained	Age Now

What is your dog's relationship to the other animals (e.g. friendly, hostile, or fearful)? Please describe.

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

What type of house do you live in? Please describe.

Have you moved since acquiring your dog? No Yes

- *If yes*, how many times? _____

Has your household changed (i.e., addition or loss of people or animals) since acquiring your dog? No Yes

- *If yes*, please describe.

Dog's Background

Why did you decide to get a dog?

Why did you choose this breed?

Where did you get this dog? (choose one)

SPCA *Breeder* *Pet Store* *Friend* *Stray* *Other:* _____

Have you owned dogs before? _____No _____Yes

If known, how many littermates did your dog have? _____ Males _____ Females

How many animals were there from which to choose? _____

Why did you choose this dog over the others? Please be specific.

Was a temperament test performed? _____No _____Yes _____Unsure

- *If yes, please describe the result.*

Describe your dog's behavior as a puppy.

Do you have any information about the behavior of any littermates? Please describe.

Did you meet the parents? _____No _____Yes

- *If yes, please describe their behavior.*

Has this dog had other owners? _____ No _____ Yes

- *If yes, how many?* _____
- Why was the dog given up?

At what age was your pet neutered or spayed? _____

- Why was this done?
- Were there any behavior changes after neutering?

If your pet is "intact" has he/she ever been bred? _____ No _____ Yes

- Are you planning to breed him/her? _____ No _____ Yes _____ Unsure

If you have an intact female, when was her last heat? Was it normal?

Diet and Feeding

What do you feed your dog? (Please be specific, e.g., brand name)

Has your dog's appetite recently increase, decreased, or remained the same?

How much and at which time(s) do you feed your dog? Please be specific.

Who feeds your dog?

Where is your dog fed? Where does your dog drink?

What is your dog's favorite treat?

Daily Schedule - Typical 24 hour day

Please describe a typical 24-hour day in your dog's life:

How does your dog behave with familiar visitors?

How does your dog behave with unfamiliar visitors (children or adults)?

How do you exercise your dog?

Is your dog free in a fenced yard?

Is your dog tied outside?

Does your dog run free?

How do you play with your dog?

What toys does your dog have?

Is your dog housetrained? _____ No _____ Yes

- How was your dog housetrained?

Does your dog ever eliminate in the house? _____ No _____ Yes

- *If yes*, does your dog urinate _____, defecate _____, or both _____?

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

Has your dog's sleeping habits changed? Please explain.

Where is your dog when alone in the house?

Where is your dog when you have guests?

How does your dog behave while you are getting ready to leave the house?

How does your dog behave when you return?

Obedience Training

What basic obedience training has your dog had? (Choose one)

- a. None
- b. Trained at home
- c. Started obedience classes but didn't finish
- d. Graduated obedience class once
- e. Graduated obedience class 2 or more levels
- f. Private trainer
- g. Other _____

How old was your dog when obedience training started?

Who in the family is the primary trainer?

Does your dog have any awards or titles? _____ No _____ Yes

- *If yes, please describe.*

Has your dog had any *hunting, herding, protection, attack or Schutzhund training*?

What *percentage* of the time does your dog obey the following commands for *each* member of the family?

Family Member	Sit	Down	Stay	Come	Heel

Does your dog know any tricks? _____ No _____ Yes

- *If yes, please describe.*

Have you exhibited your dog in breed shows? _____ No _____ Yes _____ Plan to

Does your dog jump up on you or others without permission? _____ No _____ Yes

Does your dog paw at you or at others? _____ No _____ Yes

Does your dog lick you? _____ No _____ Yes

Does your dog mount people? _____ No _____ Yes

- *If yes, whom does he or she mount?*

Does your dog mount other animals or objects? _____ No _____ Yes

- *If yes, who or what does he or she mount?*

Does your dog ever bark at you? _____ No _____ Yes

- *If yes, when does your dog bark at you? Please describe.*

Does your dog bark at other times? _____ No _____ Yes

- *If yes, please describe.*

What is your dog's activity level in general? (Choose one)

Low

Average

High

Excessive

Medical History

Date of most recent rabies vaccination: _____ (1 year, 3 year)

Please list any medications (including supplements) that your dog is *currently* taking.

Has your dog *ever* been on any medication? If so, please explain.

Has your dog ever had any serious medical issues? Please explain.

Aggression Screen

Canine Behavioral History Form

Please indicate your dog's reaction to each of the listed scenarios below using one of the following options.

- GR = Growl
- SL = Snarl/bare teeth
- SB = Snap/Bite
- NR = No Reaction
- NA = Not Applicable

	GR	SL	SB	NR	NA
1. Pet dog					
2. Hug dog					
3. Kiss dog					
4. Lift dog					
5. Call off furniture					
6. Push or pull of furniture					
7. Approach when on furniture					
8. Disturb while resting or sleeping					
9. Approach while eating					
10. Touch while eating					
11. Take dog food away					
12. Take human food away					
13. Take water dish away					
14. Take away rawhide					
15. Take away biscuit or cookie					
16. Take away real bone					
17. Take away toy or object					
18. Approach when dog has an object, toy, or bone					
19. Verbally punish					
20. Physically punish					
21. Visual threat					
22. Speak to dog (normal tone)					
23. Stare at dog					
24. Bend over dog					
25. Push on dog's shoulders or back					
26. Approach dog when near spouse					
27. Enter room					
28. Leave room					
29. Reach toward dog					
	GR	SL	SB	NR	NA

31. Collar restraint					
32. Scruff restraint					
33. Put leash on or take off					
34. Put collar on or take off					
35. Bathe dog					
36. Towel dog					
37. Groom or brush dog					
38. Dog at the groomer's					
39. Trim nails					
40. Leash or collar correction					
41. Response to "sit" command					
42. Response to "down" command					
43. Dog at veterinary clinic					
44. Unfamiliar adult enters house or yard					
45. Unfamiliar child enters house or yard					
46. Familiar adult enters house or yard					
47. Familiar child enters house or yard					
48. Response to toddlers or babies					
49. Dog in car at tollbooths or gas stations					
50. Unfamiliar adult approaches owner, dog on leash					
51. Unfamiliar child approaches owner, dog on leash					
52. Dog in house, sees people outside					
53. Response to other dogs while on leash					
54. Response to other dogs while off leash					

Where are you on a scale of 1 to 5 as follows?

Please choose the answer that best describes your situation:

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 would like to change it, but if it remains unchanged that's all right.
4. The problem is very serious and I would like to change it, but if it remains unchanged I will keep my dog.
5. The problem is very serious and I would like to change it; if it remains unchanged I will have my dog euthanized or give him/her up.

For Aggression towards People

(Skip this section if aggression towards people is not the problem)

Please answer Yes or No to these characteristics of your dog's aggressive behavior:

- _____ attacks are sudden and surprising
- _____ episodes appear unprovoked
- _____ the dog is abruptly docile after an episode
- _____ the dog appears "sorry" afterwards
- _____ the dog appears disoriented afterwards
- _____ episodes are associated with a "glazed" or "absent" expression
- _____ I can usually tell what will set off my dog
- _____ the aggressive behavior is new and uncharacteristic

Has your dog bitten and broken skin? _____ No _____ Yes

Number of bites that broke skin: _____

Total number of bites (that did or did not break skin): _____

Total number of episodes of aggression (growling, snapping, or biting): _____

Describe a typical episode (e.g. does dog growl, lunge or bite, and in what circumstance?).

If your dog is in the above situation 10 times, in how many of those would he or she be aggressive (e.g., all 10 times = 100%, just one time = 10%, etc.)?

What parts of the body has your dog bitten? How severe were the injuries?

Who is/are the target(s) of aggression?

Did your dog bite as a puppy? _____ No _____ Yes

- *If yes*, please describe, including the puppy's age.

How old was your dog the first time he/she growled at a person? _____

- What was the circumstance?

How old was your dog the first time he/she snapped or bit at a person? _____

- What was the circumstance?

Please add any other comments in the space below:

End of questionnaire - Thank you!

* * * * *

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