



Canine Behaviour Consultation Form

Please fill out this form as completely and accurately as possible.

The information you provide is important in diagnosing and treating your pet's behaviour problem.

General Information

Date :

Name : Pet's name :

Address : Breed :

..... Date of birth :

Postal Code : Sex : M MN F FS

Home phone number : Weight :

Work phone number : Colour :

Email :

Client's veterinarian

Dr. : Phone :

Clinic : Fax :

Address :

.....

Behaviour Complaint

What is the main behaviour problem or complaint?

.....

.....

How often does the problem occur (amount of times daily, weekly or monthly)?

What age was your pet when the problem began?

When did it become a serious concern?



Behaviour Complaint (Cont'd)

In what general circumstances does the problem behaviour occur?

.....
.....

Has this problem changed in frequency or intensity? (please describe)

.....
.....

Has this problem changed since it first began?

.....

Describe the most recent incident (date :)

.....
.....

Describe the second most recent incident (date :)

.....
.....

Describe the third most recent incident (date :)

.....
.....

Describe the first incident (date :)

.....
.....

Other significant incidents :

.....
.....



Behaviour Complaint (Cont'd)

What have you done to try to correct the problem?

.....

List any techniques that have had any success :

.....

List any techniques that have made the problem worse :

.....

How do you discipline your dog when it misbehaves?

.....

Additional problems - Describe briefly if not previously discussed

- | | | | |
|---------------------------------------|-----|---|-----|
| Destructive digging..... | Y/n | Roaming..... | Y/n |
| Destructive chewing..... | Y/n | Mounting..... | Y/n |
| Barking..... | Y/n | Urine marking..... | Y/n |
| Housoiling (urine)..... | Y/n | Tail biting..... | Y/n |
| Housoiling (stool)..... | Y/n | Fly chasing..... | Y/n |
| Stool eating..... | Y/n | Uncontrollable urination when excited..... | Y/n |
| Hunting/predation..... | Y/n | Uncontrollable urination when frightened..... | Y/n |
| Jumps up (owner)..... | Y/n | Bedwetting (while sleeping)..... | Y/n |
| Jumps up (guests)..... | Y/n | Eats nonfood items..... | Y/n |
| On furniture where not permitted..... | Y/n | Licks objects..... | Y/n |
| In rooms where not permitted..... | Y/n | Sleep disorders..... | Y/n |
| Pushy - wants own way..... | Y/n | Excitability..... | Y/n |
| Only listens when feels like it..... | Y/n | Overactive..... | Y/n |
| Sexual habits – masturbation..... | Y/n | Phobias (thunder/cars etc)..... | Y/n |

Chews/licks self..... Y/n

Location :

Frequency :

Shyness/timidness – non-aggressive (ie ears back, covering, tail tucked, shaking, retreating, hiding etc) Y/n

Describe :

.....

Additional problems (not listed) :

.....

.....



Family/Relationships

Please list the people, including yourself, living in your household

Name	Age (if child)	Hours away from home / day

Describe how your dog gets along with each family member :

.....

.....

Please list all other animals in the house

Name	Species	Breed	Sex	Age obtained	Age now

What is your dog's relationship with other animals (please describe) :

.....

.....

What type of area do you live in? (circle one) City Suburbs Rural

What type of house do you live in? (circle one) Duplex/attached house House - single family Farm
Apartment - studio/one bedroom Apartment - 2+ bedrooms Trailer Other :

Have you moved since obtaining your dog?.....Y/n Number of times :

Has your household changed since obtaining your dog? Y/n Describe :

.....

.....



Dog's Information

Why did you obtain your dog?

.....

Why did you choose this breed?

Where did you get this dog? CKC Reg. Breeder SPCA Pet store Friend Stray Other

Have you owned dogs before? Y/n Why did you choose this dog over the others?

.....

If known : how many littermates? Male Female

Describe your dog's behaviour as a puppy :

.....

Did you meet the parents? Y/n Describe their behaviour :

.....

Has your dog had any other owners? Y/n How many? Why was the dog given up?

.....

How old was your dog when it was neutered? Why was this done?.....

.....

If intact, has he/she ever been bred? Y/n

Do you plan to breed your dog? Y/n

If female, did she have any heat cycles before neutering? Y/n

Age of first heat?

Any abnormal heat cycles? Y/n

When was her last heat?

Food

Brand of food fed :

When fed? How much do you feed?

Who feeds the dog? Where fed?

What is your dog's favorite treat?



Environment

Amount and frequency of exercise :

Who exercises? Type of exercise?

Amount and frequency of play :

Who plays? Type of play?

Is your dog housetrained? Y/n How was the dog housetrained?

.....

Describe a typical 24 hour day in your dog's life (morning – day – evening – night) :

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.....

.....

.....

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

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How does the dog behave with unfamiliar visitors (children and/or adults)?

.....

Where is your dog when you have guests?

How long is the dog home alone each day? Weekdays Week-ends

Dog's reaction when left alone?

.....

Reaction prior to departure?

.....

Reaction at homecoming?

.....



Training

Describe any obedience training (ie group classes, private classes etc) :

.....

At what age did classes begin? Who took the dog to training?

Command knowledge (Mark with one X per row)

	Perfect	Okay	Needs work	Doesn't know
Sit				
Down				
Come				
Stay				
Heel				
Drop it				
.....				
.....				

In what locations/situations are commands most successful?

.....

In what locations/situations are commands least successful?

.....

What family member(s) have most control?

What family member(s) have least control?

Have you ever used a head halter (Halti, Gentle Leader) for training? Y/n

If yes, which type of head halter was/is used? Dog's response?

.....

Does your dog know any tricks? Y/n Describe :

.....

What is your dog's activity level in general (circle one) : low average high excessive



Medical History

Was there an illness or health problem when the behaviour problem started?

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Is your dog any medication now (pharmaceutical or alternative ie homeopathic)?

.....

Has your dog been on medication in the past?

.....

.....

Aggression screen

Please circle yes or no to the following questions regarding your dog's aggressive behaviour towards people:

Attacks are sudden and surprising.....Y/n

Episodes appear unprovoked.....Y/n

The dog is abruptly docile after an episode.....Y/n

The dog appears "sorry" afterwards.....Y/n

The dog appears disoriented afterward.....Y/n

The dog appears anxious before the episode.....Y/n

The dog appears anxious after the episode.....Y/n

Episodes are associated with a "glazed" or absent look.....Y/n

I can usually tell what will set my dog off.....Y/n

The aggressive behaviour is new and uncharacteristic.....Y/n

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

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

Has your dog ever bitten hard enough to break the skin or cause injury? Y/n If yes, please describe :

.....

What parts of the body has the dog bitten and how severe were the injuries?

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List any types of people (children, delivery people) to whom your dog is aggressive :

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Is your dog aggressive to family members? Y/n If yes, who? Describe :

.....



Aggression screen (Cont'd)

Describe any other situations where your dog barks threateningly :

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Describe any other situations where your dog growls :

.....

When your dog is aggressive, what is your response?

.....

Does your dog act fearful at the time of aggression (cowering, ears back, tail tucked, hackles raised, retreating, hiding)? Y/n

Describe a typical situation (including body language) :

.....

.....

.....

Does your dog ever threaten or act aggressive in any of the following situations?

	growl	snarl / bare teeth	snap / bite	not appl.	no rxn
Pet dog					
Hug dog					
Lift dog					
Call off furniture					
Pull/push off furniture					
Approach when sleeping					
Approach while eating					
Touch while eating					
Taking dog food away					
Taking toys/objects away					
Approach while has toy/object					
Approach while dog near spouse / partner					
Person entering or leaving room					
Bending over animal					
Staring at animal					
Reaching towards animal					
Verbally punish					
Physically punish					
Nail trimming					



	growl	snarl / bare teeth	snap / bite	not appl.	no rxn
Giving medication					
Leash restraint					
Collar restraint					
Scruff restraint					
Grooming					
Response to obedience commands					
At veterinary clinic					
Response to toddlers/babies					
Unfamiliar adult entering yard or house					
Unfamiliar child entering yard or house					
Familiar adult entering yard or house					
Familiar child entering yard or house					
People walking by when dog in car					
Stranger (child or adult) approaching owner, dog on leash					
Stranger (child or adult) approaching owner, dog off leash					
Dog in house, sees people outside					
Response to other dogs, while on leash					
Response to other dogs, while not on leash					

Please rate your concern about your dog’s behaviour problem

Circle one:

1. I do not feel the problem is serious but I would like to change it.
2. I feel the problem is serious, I would like to change it but if it remains unchanged I will keep my dog.
3. I feel the problem is very serious, I would like to change it but if it remains unchanged I will either euthanize the dog or give it up.

Any other fact you think we need to know :

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