

PRE-CONSULTATION CANINE BEHAVIORAL HISTORY FORM

All Creatures Behavior Counseling
8934 122nd Ave NE – Kirkland, WA 98033

Instructions: Fill out this form with as much detail as possible **prior** to your behavior consultation. Once completed, please return form to info@allcreaturesbehavior.com or fax to 866-281-1470 **at least 24 hours prior to your appointment**

.....

Owner Name(s):

Address:

City, State:

Primary contact number:

Secondary contact number:

E-mail Address:

Dog's Name:

Breed

Age or DOB:

Age when acquired

Color:

Sex: M F Neutered? Yes No

If yes, at what age?

Weight:

Primary behavioral problem/complaint: _____

Secondary behavioral problem/complaint: _____

.....

Why was the dog obtained?

What was the source?

Shelter/Stray/Rescue

Private Breeder

Pet Store

Other _____

Which one?

Name of kennel:

How many previous owners did the dog have?

What made you choose this particular dog?

If known, how did the littermates differ from your dog? (e.g.; too pushy, too playful, too rough with other littermates)

Check all options that describe your dog *when you first acquired him or her*

<input type="checkbox"/>	Friendly to family members	<input type="checkbox"/>	Shy with strangers	<input type="checkbox"/>	Aloof
<input type="checkbox"/>	Aggressive to family members	<input type="checkbox"/>	Extremely submissive	<input type="checkbox"/>	Anxious
<input type="checkbox"/>	Aggressive to strangers	<input type="checkbox"/>	Happy, outgoing	<input type="checkbox"/>	Hyper excitable
<input type="checkbox"/>	Friendly to strangers	<input type="checkbox"/>	Fearful of environment	<input type="checkbox"/>	Inhibited
<input type="checkbox"/>	Fearful of noises	<input type="checkbox"/>	Do not know		
<input type="checkbox"/>	Other (describe):				

Describe the personality of your dog *today* by checking all that apply

<input type="checkbox"/>	Friendly to family members	<input type="checkbox"/>	Shy with strangers	<input type="checkbox"/>	Aloof
<input type="checkbox"/>	Aggressive to family members	<input type="checkbox"/>	Extremely submissive	<input type="checkbox"/>	Anxious
<input type="checkbox"/>	Aggressive to strangers	<input type="checkbox"/>	Happy, outgoing	<input type="checkbox"/>	Hyper excitable
<input type="checkbox"/>	Friendly to strangers	<input type="checkbox"/>	Fearful of environment	<input type="checkbox"/>	Inhibited
<input type="checkbox"/>	Fearful of noises	<input type="checkbox"/>	Do not know		
<input type="checkbox"/>	Other (describe):				

.....

Describe the people living in your household:

Name	Age	Gender	Work schedule (time spent with dog)	Dog's relationship quality with individual

What other animals are in the house or on the premises, and how does this pet interact with them? List in order of acquisition.

Name	Species	Breed	Age	Relationship Quality

Household Information

Which best describes your residence type?

- Apartment House Condo

Which best describes your neighborhood?

- Urban Suburban Rural

If you have a yard, what is the approximate size (acreage)?

If your yard has a fence, please check all that apply:

- | | |
|-----------------------|-----------------------|
| Less than 6 feet tall | More than 6 feet tall |
| Wood | Chain link |
| Brick | |

Where does the dog stay (free, crate, gated) ...

During the day while you are away:

At night:

When guests come:

What method of housetraining was used? (circle all that apply)

- | | | |
|-------------------|------------------------|-------------------|
| Crate confinement | Punishment | Puppy pads/papers |
| Kept outside | Confined to small area | |
| Umbilical cord | Other _____ | |

How is the dog exercised? (circle all that apply)

Fenced yard

Leash walk

Run free

Age when completely housebroken: _____

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

If yes, how often? _____

.....

Training

Has your dog had any *formal* training? YES NO

If yes, please list the training information.

Dates/Length of Class	Type of Training Class	Instructor/School

What training tools have you used? Check all that apply.

- Head collar (Gentle Leader, Halti, Snoot Loop, Behave)
- Front lead harness (Sensation, Easy Walk)
- Chain choke collar
- Leather choke collar
- Metal pinch collar
- Citronella collar
- Shock collar
- Clicker
- Muzzle (cloth, leather, basket)

If your dog was *informally* trained, who in the household trained your dog?

Please note if your dog understands the below cues/commands.

Command/Cue	% of time dog obeys without distractions	% of time dog obeys with distractions
Sit		
Down		
Stay		
Recall (come)		
Retrieve (fetch)		
Give (drop)		
Look		
Touch		
Shake		
Other		

Situational Assessment: Please check all that apply to your dog's behavior in the following situations. Leave box blank if you do not know.

Noises/Moving objects inside/outside the home	Happy/Neutral	Fearful/Anxious	Bark/Growl	Snap/Bite
Loud noises, motorcycles, horns, sirens, metal banging, backfires				
Buses/trucks passing by, on leash				
Squirrels, cats, small animals approaching dog				
Bicycles, joggers, skateboards				
Thunder				
Car rides				

Activity / Situation In the home	Happy/Neutral	Fearful/Anxious	Bark/Growl	Snap/Bite
Unfamiliar people at door				
Unfamiliar people in home				
Dog in yard, another dog passes by				
Dog in yard, person passes by				
Family member reaches over, pets dog on head				
Family member lifts dog up				
Take away food dish while dog is eating				
Take away bone/toy/object				
Nail trimming				
Grooming/bathing				
Veterinary visit				
Wiping feet				
Vacuum cleaner				
Broom				
Behavior toward other household dog(s)/cat(s)				
Disturbed while sleeping				
Roughhousing				

People outside of the home	Happy/Neutral	Fearful/Anxious	Bark/Growl	Snap/Bite
Unfamiliar people reaching toward dog while on leash				
Unfamiliar people reaching toward dog while off leash				
Unfamiliar people walking by while dog is on leash				
Unfamiliar people walking by while dog is off leash				
Stranger approaches when dog is inside car				
Stranger staring at dog				
Children reaching for dog				
Children in general				

Dogs outside of the home	Happy/Neutral	Fearful/Anxious	Bark/Growl	Snap/Bite
Unfamiliar dogs, on leash				
Unfamiliar dogs, off leash				
Playing with unfamiliar dogs off leash				

Response to corrections	Happy/Neutral	Fearful/Anxious	Bark/Growl	Snap/Bite
Grasping collar, restraining dog				
Verbal reprimand				
Physical reprimand				
Leash correction				

.....

What food is your dog fed?

How often?

Are you able to take the food away? Yes No

What are your dog's favorite treats?

Name of your regular veterinarian and/or veterinarian clinic:

Please tell us how you were referred to our practice:

Pertinent medical history and list all current medications: