

Broadview Canine Behavioral History

General Information

1. Client's Name

2. Email

3. Dog's Name

4. Breed

5. Date of Birth

Example: January 7, 2019

6. Sex

Mark only one oval.

Female

Male

7. Neutered/Spayed?

Mark only one oval.

Yes

No

8. What is the main behavior problem or complaint?

9. How frequently does the main problem occur (how many times daily, weekly, monthly)?

10. Additional problems (please list)

11. How frequently do these additional problems occur?

12. What are your goals for this consultation?

Chronology of the Behavior Problem

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

14. When did it first become a serious concern?

15. In what general circumstances does your dog misbehave?

16. Has the problem changed in frequency? Please describe.

17. Has the problem changed in intensity? Please describe.

18. Has the problem otherwise changed?

19. Please describe the most recent incident in detail and indicate when it occurred.

20. Please describe the other significant incidents in detail and indicate when each occurred.

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

22. How do you discipline your dog for this behavior and for any other misbehaviors?

23. Have you previously enlisted the help of a trainer for this problem? If so, please provide name and what you worked on with them.

24. Have you previously enlisted the help of a veterinarian for this problem? If so, please provide name and what you worked on with them.

25. What approaches have worked?

26. What approaches have not worked?

27. Please list the people (including you) living in your household, and indicate age of each and number of hours away from home per day.

28. Please list all animals in the household, including the patient, in the sequence in which they were obtained. Indicate species, breed, sex, age obtained, and current age of each.

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

30. Have you moved since acquiring your dog?

Mark only one oval.

Yes
 No

31. If you have moved, how many times?

32. Has your household changed (i.e., addition or loss of people or animals) since acquiring your dog?

Mark only one oval.

Yes
 No

33. If yes, please describe.

Dog's Background

34. Why did you decide to get a dog?

35. Why did you choose this breed?

36. Where did you get this dog?

Mark only one oval.

- SPCA/Shelter
- Breeder
- Pet store
- Friend
- Stray
- Other: _____

37. Have you owned dogs before?

Mark only one oval.

- Yes
- No

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

39. Describe your dog's behavior as a puppy.

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

41. Did you meet the parents? If yes, please describe their behavior.

42. Has this dog had other owners? If yes, how many? Why was the dog given up?

43. At what age was your dog neutered or spayed?

44. Why was this done?

45. Were there any behavior changes after neutering? Please describe.

46. If your pet is "intact", has he/she ever been bred? Are you planning to breed him/her?

Diet and Feeding

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

48. Has your dog's appetite changed recently?

Mark only one oval.

Increased

Decreased

No change

49. How much and at what time(s) do you feed your dog?

50. Who feeds your dog?

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

52. What is your dog's favorite treat?

Daily Schedule

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

54. How does your dog behave with familiar visitors?

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

56. How do you exercise your dog?

57. Which of the following do you have?

Check all that apply.

Fenced-in yard

Invisible fence

Both

Neither

Other: _____

58. Is your dog housetrained?

Mark only one oval.

Yes

No

Other: _____

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

60. Have your dog's sleeping habits changed? Please explain.

61. Where is your dog when alone in the house?

62. Where is your dog when you have guests?

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

64. How does your dog behave when you return?

65. Is your dog excessively frightened by any noise? Please explain.

66. Is your dog excessively frightened by anything else in the environment? Please explain.

67. Does your dog chase any of the following?

Check all that apply.

- Child(ren)
- Small dogs
- Jogger/bicyclist/skateboarder
- Vehicles

Other: _____

68. How often does your dog do the following things?

Check all that apply.

	Never	Occasionally	Sometimes	Always	Don't know
Does your dog follow you around the house?	<input type="checkbox"/>				
Does your dog demand to be petted?	<input type="checkbox"/>				
Does your dog become anxious at the sound of car keys?	<input type="checkbox"/>				
Does your dog become anxious when you put on your coat or shoes?	<input type="checkbox"/>				
Does your dog become aggressive when you leave?	<input type="checkbox"/>				
Does your dog exhibit other problem behaviors as you prepare to leave?	<input type="checkbox"/>				
Does your dog bark or whine excessively within 30 minutes of your departure?	<input type="checkbox"/>				
After you leave, does your dog's activity decrease?	<input type="checkbox"/>				
After you leave, does your dog appear depressed?	<input type="checkbox"/>				
After you leave, does your dog have a loss of appetite?	<input type="checkbox"/>				
Does your dog destroy property in your absence?	<input type="checkbox"/>				
Does your dog urinate or defecate in the home in your absence?	<input type="checkbox"/>				
Does your dog have diarrhea, vomit, or lick excessively in your absence?	<input type="checkbox"/>				
Does your dog exhibit an excessive greeting on your return (jumping, hyperactivity, barking, for more than 2-3 minutes)?	<input type="checkbox"/>				

Obedience Training

69. What basic obedience training has your dog had?

Mark only one oval.

- None
- Trained at home
- Started obedience classes but didn't finish
- Graduated obedience class once
- Graduated obedience class 2 or more levels
- Private trainer
- Other: _____

70. How old was your dog when obedience training started?

71. Who in the family is the primary trainer?

72. Does your dog have any awards or titles? If yes, please describe.

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

Mark only one oval.

Yes

No

Other: _____

74. Please rate your dog's activity level in general.

Mark only one oval.

1 2 3 4 5

Low High

75. What type of collar or harness does your dog use?

Check all that apply.

Flat collar

Martingale collar

Choke collar

Prong collar

Electric collar

Head halter

Body harness

Other: _____

76. Which of the following does your dog do willingly?

Check all that apply.

- Sit
- Stay
- Lie down
- Heel
- Fetch
- Drop it
- Leave it
- Watch me
- Come
- Go to place

Other: _____

77. Situations in which your dog is less likely to obey your commands

78. Does your dog wear a muzzle happily?

Mark only one oval.

- Yes
- No
- Other: _____

Medical History

79. Date of most recent rabies vaccination

Example: January 7, 2019

80. Was the rabies vaccination 1-year or 3-year?

Mark only one oval.

- 1-year
- 3-year

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

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

83. Please list any previous behavior medications that have been tried. Include dose, when each was started and stopped, why each was stopped, and whether any improvement was noted.

Aggression Screen

84. Please indicate your dog's reaction to each of the listed scenarios below.

Check all that apply.

	Growl	Snarl/bare teeth	Snap/bite	No reaction	Not applicable
Pet dog	<input type="checkbox"/>				
Hug dog	<input type="checkbox"/>				
Kiss dog	<input type="checkbox"/>				
Lift dog	<input type="checkbox"/>				
Call off furniture	<input type="checkbox"/>				
Push or pull off furniture	<input type="checkbox"/>				
Approach when on furniture	<input type="checkbox"/>				
Disturb while resting	<input type="checkbox"/>				
Approach while eating	<input type="checkbox"/>				
Touch while eating	<input type="checkbox"/>				
Take dog food away	<input type="checkbox"/>				
Take human food away	<input type="checkbox"/>				
Take water dish away	<input type="checkbox"/>				
Take away treat	<input type="checkbox"/>				
Take away toy or object	<input type="checkbox"/>				
Approach when dog has an object, toy, or bone	<input type="checkbox"/>				
Approach dog when near spouse	<input type="checkbox"/>				
Enter room	<input type="checkbox"/>				
Leave room	<input type="checkbox"/>				
Reach toward dog	<input type="checkbox"/>				
Put leash on or take off	<input type="checkbox"/>				
Put collar on or take off	<input type="checkbox"/>				
Groom or brush dog	<input type="checkbox"/>				
Trim nails	<input type="checkbox"/>				
Leash or collar correction	<input type="checkbox"/>				
At veterinary clinic	<input type="checkbox"/>				
Response to toddlers or babies	<input type="checkbox"/>				
Unfamiliar adult approaches owner, dog on leash	<input type="checkbox"/>				
Unfamiliar child approaches owner, dog on leash	<input type="checkbox"/>				
Dog in house, sees people outside	<input type="checkbox"/>				

Response to other dogs while on leash	<input type="checkbox"/>				
Response to other dogs while off leash	<input type="checkbox"/>				

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

Mark only one oval.

- 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 your dog is not aggressive towards people)

86. Please answer "yes" or "no" to these characteristics of your dog's aggressive behavior.

Check all that apply.

	Yes	No
Attacks are sudden and surprising	<input type="checkbox"/>	<input type="checkbox"/>
Episodes appear unprovoked	<input type="checkbox"/>	<input type="checkbox"/>
The dog is abruptly docile after an episode	<input type="checkbox"/>	<input type="checkbox"/>
The dog appears "sorry" afterwards	<input type="checkbox"/>	<input type="checkbox"/>
The dog appears disoriented after an aggressive episode	<input type="checkbox"/>	<input type="checkbox"/>
Episodes are associated with a "glazed" or "absent" expression	<input type="checkbox"/>	<input type="checkbox"/>
I can usually tell what will set off my dog	<input type="checkbox"/>	<input type="checkbox"/>
The aggressive behavior is new and uncharacteristic	<input type="checkbox"/>	<input type="checkbox"/>

87. Has your dog bitten and broken skin?

Mark only one oval.

- Yes
- No

88. Number of bites (that did or did not break skin):

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

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

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

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

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

94. Did your dog bite as a puppy?

Mark only one oval.

Yes

No

95. If yes, please describe, including the age of the puppy.

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

97. How old was your dog the first time he/she snapped at a person? What was the circumstance?

Additional Information

98. Please add any other comments in the space below.

99. If you have videos or photos related to the problem behavior, please feel free to upload here. Please do not try to elicit any aggressive behavior for the purpose of obtaining a video. You may also email photos/videos to info@broadviewvetgroup.com

Files submitted:

This content is neither created nor endorsed by Google.

Google Forms