



Preparing for your Dog's Consultation

Hello!

Thank you for contacting us to help you and your dog! By filling out the following Veterinary Behavior Form, you are taking the first step in addressing your concerns about your dog's behavior. We will contact you to schedule an appointment when we receive your form.

Here are some tips on things you can do to make your initial appointment with us as useful, informative, and productive as possible.

1. This version of the Veterinary Behavior Form is meant to be printed out and filled out by hand, or on a pdf-editor. You can scan the form and email it to us, fax it, or mail it back to us when it's completed.
2. Please fill out the Veterinary Behavior Form as completely as you can. The more you can fill out prior to the appointment, the more we can focus on assessing your dog's behavior and what therapy is available to treat it. The form is the most useful when the adult(s) taking direct care of the dog is/are filling out the form. If this is not the owner, please let us know. I recommend allowing about an hour to fill it out.
3. I strongly recommend submitting short videos of less than a minute showing normal interactions between you and your pet. If possible (without putting anyone in danger of injury) sending a clip of some of the problem behaviors would also be helpful. Videos can also be uploaded to YouTube and then send us the unlisted link to the video in an email. Please send these videos prior to your appointment so that we can review them before we meet with you.
4. If you have specific questions about your dog's behavior, write them down and bring them with you. Better yet, send them before your appointment so that we can be ready with answers.

We look forward to meeting you and your pup! Please don't hesitate to contact us if you have any questions about filling out this form, or the appointment.

Regards,

A handwritten signature in black ink, appearing to read "Valli Parthasarathy".

Valli Parthasarathy, PhD, DVM
Behavior Resident in Private Practice Training
Co-Owner, Synergy Behavior Solutions



CANINE Veterinary Behavior History Form

Client Information		
Last Name:	First Name:	Email:
Primary Phone:	Secondary Phone:	Preferred Contact Method:
Spouse/Partner Name:		
Address:		

Pet Information		
Name:	Breed:	Age:
Gender: M F Intact Spayed Neutered	Color:	Weight:
Age when spayed/neutered:	If intact, please give reason	Age when obtained:
Where did you obtain your dog?	<input type="checkbox"/> Breeder <input type="checkbox"/> Rescue organization <input type="checkbox"/> Animal shelter <input type="checkbox"/> Stray <input type="checkbox"/> Private individual <input type="checkbox"/> Other:	
Why did you obtain your dog (check all that apply):	<input type="checkbox"/> Companion <input type="checkbox"/> Protection <input type="checkbox"/> Competition Dog Sports; <input type="checkbox"/> Show/Conformation <input type="checkbox"/> Service/Working Dog <input type="checkbox"/> Hunting <input type="checkbox"/> Other → Please describe:	
*Date next Rabies Vaccine is due:		

Veterinarian Information	
Name of Primary Veterinarian:	
Clinic/Hospital Name	Clinic/Hospital Phone Number:
Any other doctors you want your pet's report sent to?	
Is your primary veterinarian aware that you have contacted Synergy Behavior Solutions in regard to your pet's behavior or training problem?	

Referral Information
How did you find out about our services: _____ ; if it was a client of ours, please tell us whom so we can thank them

Insurance Information
Is your dog on pet insurance: _____ ; if so, please check to see whether it helps cover veterinary behavior treatment, and bring the necessary paperwork to your consultation.



Household Members

Household Members - People

Name	Sex	Age	Hrs away Per day	Is schedule consistent?	Profession (optional)	Describe relationship with patient
1						
2						
3						
4						
5						
6						

- Do children other than those listed above interact with your dog? _____ If yes, please describe:
- Who is the primary caretaker of the dog in the home? _____
- Does your dog have a regular pet sitter or dog walker? _____ If yes, has this person observed the complaint(s):

Household Members - Pets

Name	Species	Breed	Sex	Age	Color	Weight (lbs)	Describe relationship with patient
1							
2							
3							
4							
5							
6							

Home and Lifestyle

Home Information

What type of home does your dog live in? <input type="checkbox"/> House <input type="checkbox"/> Apartment/condo <input type="checkbox"/> High rise Do you have a fenced yard? Y N If so, what type of fencing?	Is your dog comfortable in a crate? Y N Is your dog allowed on sofas/chairs? Y N Is your dog allowed on tables / counters? Y N Is your dog allowed on the bed? Y N
Where do you leave your dog when you are gone from the home (check all that apply)? <input type="checkbox"/> Crate/Kennel <input type="checkbox"/> Confined to a Room <input type="checkbox"/> Loose in the Home <input type="checkbox"/> Basement <input type="checkbox"/> Garage <input type="checkbox"/> Outside in a Kennel <input type="checkbox"/> Outside tied <input type="checkbox"/> Loose in Yard <input type="checkbox"/> Daycare <input type="checkbox"/> Other → Please describe:	Where is your dog at night? <input type="checkbox"/> Crate/Kennel <input type="checkbox"/> Confined to a Room <input type="checkbox"/> Loose in the Home <input type="checkbox"/> Basement <input type="checkbox"/> Garage <input type="checkbox"/> Outside in a Kennel <input type="checkbox"/> Outside tied <input type="checkbox"/> Loose in Yard <input type="checkbox"/> Other → Please describe: Does your dog sleep in a bedroom? Y N If so, whose?

Diet and Exercise

What do you feed your dog? _____ How often is your dog fed? <input type="checkbox"/> 1x/day <input type="checkbox"/> 2x/day <input type="checkbox"/> 3x/day <input type="checkbox"/> Food left out at all times <input type="checkbox"/> Other: When do you feed? _____ Who feeds your dog? _____ How much is your dog fed per day? _____	How would you describe your dog's appetite? <input type="checkbox"/> Picky <input type="checkbox"/> Average <input type="checkbox"/> Voracious What snacks or treats do you give your dog? _____ What is your dog's favorite treat? _____ Do you ever restrict your dog's water? Y N
Is your dog regularly exercised? Y N If so, how often? <input type="checkbox"/> 2x/day <input type="checkbox"/> 1/day <input type="checkbox"/> 1-6x/week <input type="checkbox"/> Other (please describe): How many minutes (approximately) is your dog exercised per session? _____ Who exercises your dog? _____	How is your dog exercised (check all that apply)? <input type="checkbox"/> Walks <input type="checkbox"/> Yard <input type="checkbox"/> Dog park <input type="checkbox"/> Daycare <input type="checkbox"/> Jogging <input type="checkbox"/> Biking <input type="checkbox"/> Other: If you walk your dog, do you do so on or off leash? What collar/harness do you use when walking your dog? Details if needed:



Patient Medical History	
What veterinary diagnostic tests has your dog had within the last 6 months (check all that apply)?	<input type="checkbox"/> Physical Exam <input type="checkbox"/> Blood Chemistry Testing; <input type="checkbox"/> Urinalysis; <input type="checkbox"/> Radiographs; <input type="checkbox"/> Ultrasound; <input type="checkbox"/> Don't Know; <input type="checkbox"/> Other → Please describe:
Is your dog taking a routine preventive for the following:	<input type="checkbox"/> Fleas/Ticks - Name? _____, How often? _____ Route of application: <input type="checkbox"/> Oral <input type="checkbox"/> Collar <input type="checkbox"/> Topical/Spot On <input type="checkbox"/> Heartworm - Name? _____, How often? _____
How often does your dog urinate	Frequency: ___ times/day; Urine is: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Infrequent <input type="checkbox"/> Excessive Volume <input type="checkbox"/> Excessive Frequency
How often does your dog defecate	Frequency: ___ times/day; Stool is: <input type="checkbox"/> Normal <input type="checkbox"/> Hard <input type="checkbox"/> Diarrhea (Soft/liquid)
Does your dog have a sensitive stomach or a long history of vomiting and/or diarrhea?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:
Does your dog have a history of allergies (food, fleas, pollen, etc)?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, to what is your dog allergic?
Has your dog ever had a seizure?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how often do they occur? Please describe an episode:
Does your dog have arthritis or other pain-related condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:
Does your dog have any current medical problem(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:

List **all** Medications, Nutritional Supplements, and Preventives your dog is **currently** taking:
(Route: PO=by mouth, TOP=topically, SQ=injection under skin, IM=injection in muscle, PR=by rectum)

Medication/Supplement	Strength(mg or ml)	Route	Frequency	Purpose
1				
2				
3				
4				
5				
6				
7				
8				



Principal Behavioral Complaint(s)

Please describe the **3** main behavioral complaints that you would like help with in order of importance.

Complaint #1:

When started

Frequency: _____ times per _____

Frequency is: increasing decreasing steady;
Intensity is: increasing decreasing steady

- Describe **last two incidents** in detail. Use as much space as needed

Date _____ Description

Date _____ Description

- Describe last the **first incident** that you can remember

Date _____ Description

- Have you noticed any patterns to this behavior? No Yes If yes, please describe:

- Were there any changes in the household or routine when this behavior started? No Yes
If yes, please describe:

List any training that you have used to try to address Complaint #1:

Training	Helped	Worsened	No Effect
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list current or previously used medication(s) specifically prescribed for Complaint #1 (If Applicable):

Medication	Strength (mg, mg/mL)	Route	Frequency	Effect	Duration of use

Route: PO=by mouth, TOP=topically, SQ=injection under skin, IM=injection in muscle, PR=by rectum

Please describe any negative or undesirable side effects you observed with any of these medications:



Complaint #2:

When started

Frequency: _____ times per _____

Frequency is: increasing decreasing steady;
Intensity is: increasing decreasing steady

- Describe **last two incidents** in detail. Use as much space as needed

Date _____ Description

Date _____ Description

- Describe last the **first incident** that you can remember

Date _____ Description

- Have you noticed any patterns to this behavior? No Yes If yes, please describe:

- Were there any changes in the household or routine when this behavior started? No Yes

If yes, please describe:

List any training that you have used to try to address Complaint #2:

Training	Helped	Worsened	No Effect
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list current or previously used medication(s) specifically prescribed for Complaint #2 (If Applicable):

Medication	Strength (mg, mg/mL)	Route	Frequency	Effect	Duration of use

Route: PO=by mouth, TOP=topically, SQ=injection under skin, IM=injection in muscle, PR=by rectum

Please describe any negative or undesirable side effects you observed with any of these medications:



Complaint #3:

When started

Frequency: _____ times per _____

Frequency is: increasing decreasing steady;
Intensity is: increasing decreasing steady

- Describe **last two incidents** in detail. Use as much space as needed

Date _____ Description

Date _____ Description

- Describe last the **first incident** that you can remember

Date _____ Description

- Have you noticed any patterns to this behavior? No Yes If yes, please describe:

- Were there any changes in the household or routine when this behavior started? No Yes

If yes, please describe:

List any training that you have used to try to address Complaint #3:

Training	Helped	Worsened	No Effect
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list current or previously used medication(s) specifically prescribed for Complaint #3 (If Applicable):

Medication	Strength (mg, mg/mL)	Route	Frequency	Effect	Duration of use

Route: PO=by mouth, TOP=topically, SQ=injection under skin, IM=injection in muscle, PR=by rectum

Please describe any negative or undesirable side effects you observed with any of these medications:

Other complaints (please list):

Briefly describe when these behaviors occur.



General Feelings on the Problem Behavior(s)

Which of the following best describes your feelings on the problem behavior(s):

- It is not a major problem, I'm just curious about it
- It is not a major problem yet but I'm afraid it will be
- It is a major problem but I want to keep my dog
- It is a major problem and I've considered rehoming or relinquishing my dog because of it
- It is a major problem and I've considered euthanizing my dog because of it

What has prompted you to seek help at this time?

What would you like to get out of your dog's behavior health assessment?



Patient Early History																																											
Has your dog had previous owners?	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> Unknown. If yes , how many (if known): _____ If yes , do you know why your dog was relinquished? _____																																										
Did you meet your dog's mother, or was told about her behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , which best describes her temperament (check all that apply)? <input type="checkbox"/> Quiet <input type="checkbox"/> Excitable <input type="checkbox"/> Calm <input type="checkbox"/> Unruly <input type="checkbox"/> Bold <input type="checkbox"/> Confident <input type="checkbox"/> Shy <input type="checkbox"/> Fearful <input type="checkbox"/> Aggressive <input type="checkbox"/> Other → Please describe:																																										
Did you meet your dog's father, or was told about his behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , which best describes his temperament (check all that apply)? <input type="checkbox"/> Quiet <input type="checkbox"/> Excitable <input type="checkbox"/> Calm <input type="checkbox"/> Unruly <input type="checkbox"/> Bold <input type="checkbox"/> Confident <input type="checkbox"/> Shy <input type="checkbox"/> Fearful <input type="checkbox"/> Aggressive <input type="checkbox"/> Other → Please describe:																																										
Do your dog's parents or littermates engage in similar behavior(s) as your dog?	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> Unknown If yes , please describe:																																										
Did your puppy have any early illness (< 4 months of age)?	<input type="checkbox"/> Yes; <input type="checkbox"/> No; <input type="checkbox"/> Unknown. If yes , please describe (if known):																																										
If you obtained your dog as a puppy (less than 4 months of age), please check all that apply																																											
How was the puppy raised prior to your home?	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Kennel/Pen <input type="checkbox"/> Garage <input type="checkbox"/> Puppy Mill <input type="checkbox"/> Don't Know <input type="checkbox"/> Other → Please describe:																																										
How did you select your particular puppy from the litter?	<input type="checkbox"/> Breeder Selected <input type="checkbox"/> No Choice <input type="checkbox"/> Most Outgoing <input type="checkbox"/> Most Timid <input type="checkbox"/> Biggest <input type="checkbox"/> Smallest <input type="checkbox"/> Dominant <input type="checkbox"/> Submissive <input type="checkbox"/> Markings <input type="checkbox"/> Conformation <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other → Please describe:																																										
How would you describe your dog as a pup when with the litter?	<input type="checkbox"/> Most Outgoing <input type="checkbox"/> Most Timid <input type="checkbox"/> Biggest <input type="checkbox"/> Smallest <input type="checkbox"/> Dominant <input type="checkbox"/> Submissive <input type="checkbox"/> Other → Please describe:																																										
If obtained as a puppy (< 4 months of age), how often did your puppy have exposure to the following?																																											
	<table border="1"> <thead> <tr> <th></th> <th>N/A</th> <th>>10x/day</th> <th>1-10x/ day</th> <th>1-6x/ week</th> <th>1x/week</th> <th>None</th> </tr> </thead> <tbody> <tr> <td>Unfamiliar people visiting your house / property</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Unfamiliar people meeting your puppy off-property</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Unfamiliar dogs on or off the property</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Playing with other young puppies (<4 months of age)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Novel environments</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		N/A	>10x/day	1-10x/ day	1-6x/ week	1x/week	None	Unfamiliar people visiting your house / property	<input type="checkbox"/>	Unfamiliar people meeting your puppy off-property	<input type="checkbox"/>	Unfamiliar dogs on or off the property	<input type="checkbox"/>	Playing with other young puppies (<4 months of age)	<input type="checkbox"/>	Novel environments	<input type="checkbox"/>																									
	N/A	>10x/day	1-10x/ day	1-6x/ week	1x/week	None																																					
Unfamiliar people visiting your house / property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
Unfamiliar people meeting your puppy off-property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
Unfamiliar dogs on or off the property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
Playing with other young puppies (<4 months of age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
Novel environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					

If obtained as a puppy (<4 months of age), were treats used with introductions to unfamiliar people? Y N



Behavior Profiles

Personality

How would you describe your dog's personality (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Friendly to familiar people (family members) | <input type="checkbox"/> Friendly to unfamiliar people (strangers) |
| <input type="checkbox"/> Friendly to familiar dog | <input type="checkbox"/> Friendly to unfamiliar dogs |
| <input type="checkbox"/> Unfriendly towards familiar people (family members) | <input type="checkbox"/> Unfriendly towards unfamiliar people (strangers) |
| <input type="checkbox"/> Unfriendly towards unfamiliar people on my property | <input type="checkbox"/> Unfriendly towards unfamiliar people off my property |
| <input type="checkbox"/> Aggressive/reactive towards unfamiliar dogs | <input type="checkbox"/> Aggressive/reactive towards dogs within the household |
-
- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Hyper / excitable | <input type="checkbox"/> Friendly / outgoing | <input type="checkbox"/> Mellow | <input type="checkbox"/> Anxious/worried/stressed |
| <input type="checkbox"/> Fearful (people) | <input type="checkbox"/> Fearful (objects/environments) | <input type="checkbox"/> Fearful (noises) | |

- Was your dog's personality different when he/she was a puppy (< 6 months of age) Y N Describe:
- What best describes your dog's level of activity (check only one)? Low Medium High Hyperactive
- Please note any situations in which your dog is muzzled for safety
- Are you or any other family members every afraid of your dog?

Behavior Screens

Behaviors your dog engages in (at least weekly)	Yes	In my Presence (times per week)	In my Absence (times per week)	No	Don't Know
Excessive barking, whining	<input type="checkbox"/>	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/>	<input type="checkbox"/>
House soiling (urine/feces)	<input type="checkbox"/>	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/>	<input type="checkbox"/>
Destructive chewing	<input type="checkbox"/>	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/>	<input type="checkbox"/>
Self licking/chewing	<input type="checkbox"/>	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/>	<input type="checkbox"/>
Excessive digging	<input type="checkbox"/>	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/>	<input type="checkbox"/>
Pacing, repetitive behavior	<input type="checkbox"/>	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/>	<input type="checkbox"/>

How does your dog react in the following situations (check only one→most appropriate/worst case scenario)	Calm	Friendly	Hyper	Neutral	Fearful	Freezes/ Stares	Anxious	Aggressive	Barks	Don't Know
Sees unfamiliar people from window of home	<input type="checkbox"/>									
Unfamiliar people at the front door	<input type="checkbox"/>									
Unfamiliar people in the home	<input type="checkbox"/>									
On a walk→Sees unfamiliar people walking in the distance	<input type="checkbox"/>									
On a walk→Unfamiliar people approach/try to pet	<input type="checkbox"/>									
On a walk→Sees runner, biker, skateboarder in the distance	<input type="checkbox"/>									
On a walk→Sees vehicles (cars/trucks)	<input type="checkbox"/>									
On a walk→Sees cat	<input type="checkbox"/>									
On a walk→Sees squirrel, or wild animal	<input type="checkbox"/>									
	Calm	Friendly	Hyper	Neutral	Fearful	Freezes/ Stares	Anxious	Aggressive	Barks	Don't Know
Babies (< 1 year of age)	<input type="checkbox"/>									
Children, 1-6 yrs of age	<input type="checkbox"/>									
Children, 7-11 yrs of age	<input type="checkbox"/>									
Children, 12-18 yrs of age	<input type="checkbox"/>									
Unfamiliar dog in the home	<input type="checkbox"/>									
On a walk→Sees unfamiliar dog in the	<input type="checkbox"/>									



	Calm	Friendly	Hyper	Neutral	Fearful	Freezes/ Stares	Anxious	Aggressive	Barks	Don't Know
distance										
On a walk→Unfamiliar dog approaches/try to greet	<input type="checkbox"/>									
Owners leave the home (without the dog)	<input type="checkbox"/>									
Owners return to the home (dog in home)	<input type="checkbox"/>									
Brushing teeth	<input type="checkbox"/>									
Cleaning eyes/ears	<input type="checkbox"/>									
Brushing hair coat	<input type="checkbox"/>									
Nail trimming	<input type="checkbox"/>									
Bathing	<input type="checkbox"/>									
Grooming	<input type="checkbox"/>									
Owner→Stares at the dog	<input type="checkbox"/>									
Owner→Pets dog on head	<input type="checkbox"/>									
Owner→Handles dog's feet	<input type="checkbox"/>									
Owner→Rubs dog's belly	<input type="checkbox"/>									
Owner→Pets dog elsewhere	<input type="checkbox"/>									
Owner→Lifts the dog up	<input type="checkbox"/>									
Owner→Put on/take off dog's collar	<input type="checkbox"/>									
Owner→Reaches for or grabs dog's collar	<input type="checkbox"/>									
Owner→Restrains the dog	<input type="checkbox"/>									
Owner→Hugging/kissing dog	<input type="checkbox"/>									
Owner→Giving oral medication	<input type="checkbox"/>									
Owner→Administering eye or ear medication	<input type="checkbox"/>									
Family member→Approaches dog while eating	<input type="checkbox"/>									
Family member→Grabs food dish while dog is eating	<input type="checkbox"/>									
Family member→Taking away dog's toy	<input type="checkbox"/>									
Family member→Taking away bone/rawhide	<input type="checkbox"/>									
Family member→Taking away stolen object	<input type="checkbox"/>									
Family member→Approaches dog while sleeping/resting	<input type="checkbox"/>									
Family member→Moves dog from a spot while sleeping/resting	<input type="checkbox"/>									
Verbal Reprimand	<input type="checkbox"/>									
Physical Punishment	<input type="checkbox"/>									
Car rides	<input type="checkbox"/>									
Stranger approaches the car	<input type="checkbox"/>									
Vacuum cleaner or broom	<input type="checkbox"/>									

How does your dog react to the following stimuli (check all that apply)?

	Calm	Barks/Whines	Pants	Paces	Trembles	Hides	Seeks Attention	Destructive	Urinates/ Defecates	Don't Know
Visualization of lightning	<input type="checkbox"/>									
Sound of thunder	<input type="checkbox"/>									
Sound of rain	<input type="checkbox"/>									
Sound of wind	<input type="checkbox"/>									
Sound of fireworks	<input type="checkbox"/>									
Loud noises (other than thunder or fireworks)	<input type="checkbox"/>									



Please indicate situations in which your dog shows the following behaviors:

Behavior	Context
Cowering	
Ears back	
Tail tucked	
Retreating	
Hiding	
Whining	
Excessive panting	
Excessive salivation	
Pacing	

Aggression History

If your dog has displayed aggressive behavior towards a **person**, how many times did it occur? _____

What Level best characterizes the most significant aggressive incident to a person (check only one)?

- Level 1:** Harassment, Barking, Air biting, Lunging, or Snapping. Bite did not make contact or touch the skin.
- Level 2:** Snap. Teeth made contact with the skin, but no punctures. Pain and bruising resulted.
- Level 3:** 1-4 punctures from a single bite, no tearing (all punctures < ½ length of the canine tooth /fang).
- Level 4:** 1-4 punctures from a single bite, tearing, headshake (all punctures > ½ depth of the canine tooth/fang).
- Level 5:** Multiple level 3 or level 4 bites from a single aggressive incident.
- Level 6:** Bite resulted in fatality/death.

- If your dog has bitten a person, how many times did a bite occur? _____
- How many incidents were at Level 3 or greater? _____
- Did any incidents require professional medical intervention (antibiotics, wound care, etc.) _____

If your dog has displayed aggressive behavior towards **another dog**, how many times did it occur? _____

What is the worst damage that your dog has caused to another dog? _____

- How many times did this level of damage occur? _____
- Did any incidents require veterinary care (antibiotics, wound care, etc.) Y N

Has your dog attacked or killed **another animal** (other than a dog)? Y N . Please describe:

Have any incidents been reported to public health authorities? Y N



Training History	
Do you currently train your dog? Y N How often?	Has your dog had any professional training? Y N (Please check all that apply):
Who was/is the primary handler and/or trainer for your dog? _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Group Puppy Classes (puppy < 4 months of age) <input type="checkbox"/> Group Obedience Classes (for dogs > 4 months of age) <input type="checkbox"/> Private Obedience Instruction (One-on-one with a trainer) <input type="checkbox"/> My dog was sent away for boarding and training <input type="checkbox"/> Yes, I am a professional dog trainer <input type="checkbox"/> No, I trained my dog myself <input type="checkbox"/> No, my dog is not trained
What type of collar does your dog currently wear for training? _____ Explain (if necessary):	
List other training tools used currently (clicker, etc).	
How do you reinforce (reward) your dog? (check all that apply): <input type="checkbox"/> Food <input type="checkbox"/> Praise <input type="checkbox"/> Ball <input type="checkbox"/> Tug <input type="checkbox"/> Toy <input type="checkbox"/> I don't use any reinforcements	What collar was used while your dog was trained? _____ Explain (if necessary): List other training tools used (clicker, etc)?
How do you discipline your dog (check all that apply): <input type="checkbox"/> Verbal Reprimand <input type="checkbox"/> Physical Reprimand <input type="checkbox"/> Shock <input type="checkbox"/> Noise to Startle <input type="checkbox"/> Distract <input type="checkbox"/> Reward other behavior <input type="checkbox"/> Time Out <input type="checkbox"/> Spray bottle <input type="checkbox"/> Muzzle Grab <input type="checkbox"/> Scuff <input type="checkbox"/> Forced Down <input type="checkbox"/> Forced Roll Over <input type="checkbox"/> Other → Please describe: <input type="checkbox"/> I don't discipline my dog	How would you describe the type of professional training your dog received (check all that apply)? <input type="checkbox"/> Reward based (food) <input type="checkbox"/> Reward based (Praise) <input type="checkbox"/> Reward based (Toys) <input type="checkbox"/> Lure based <input type="checkbox"/> Clicker Training <input type="checkbox"/> Leadership based <input type="checkbox"/> Correction/Punishment based <input type="checkbox"/> Dominance based <input type="checkbox"/> Other → Please describe:
How would you rank your dog's performance when training at home? Excellent Good Fair Poor <input type="checkbox"/> N/A How would you rank your dog's overall level of training? Not trained Basic Average Advanced	How would you rank your dog's performance in group training class(es)? Excellent Good Fair Poor <input type="checkbox"/> N/A
Are you or have you done any type of training for competition? <input type="checkbox"/> Obedience <input type="checkbox"/> Rally <input type="checkbox"/> Conformation <input type="checkbox"/> Agility <input type="checkbox"/> Fly-Ball <input type="checkbox"/> Lure Coursing <input type="checkbox"/> Hunting/Retrieving <input type="checkbox"/> Schutzhund <input type="checkbox"/> Ring Sport <input type="checkbox"/> Nosework <input type="checkbox"/> Tracking	
Does your dog have any performance titles? Y N If so, please list:	
Have you ever used a trainer, veterinarian, or behavior specialist to address your pet's behavior or training problem(s)? Y N Who? For what problems?	



Please indicate how frequently your dog will perform the behaviors below when asked. Put one person (eg family members) on each line.

Person	Sit	Lie Down	Stay	Come When Called	Walk Nicely on Leash	Go to Spot	Drop Item from Mouth
	Poor Good Fair Excellent Don't Know						
	Poor Good Fair Excellent Don't Know						
	Poor Good Fair Excellent Don't Know						
	Poor Good Fair Excellent Don't Know						
	Poor Good Fair Excellent Don't Know						