



CANINE BEHAVIOR CONSULTATION
Before ~N~ After Dog Training

GENERAL INFORMATION

Name:		Date of consultation:
Address:		Postal (zip) code:
		e-mail: (for case consultation only)
Occupation:	Phone: Home: ()	Fax: ()
Veterinarian/clinic:		Clinic phone/fax if known:
Referred by (trainer, friend or a veterinarian than your primary):		

PET INFORMATION

Pet's name:		Breed:			Color:			
Age:	Weight:	Sex: (circle) F	M	Neutered? (circle) No	Yes			
Age neutered:	Any change after neutering?							
Age obtained:	Where did you obtain this pet? (circle which applies)	Pet store	stray	Breeder	shelter	Friend	Newspaper ad	Other:
Breeder, if applicable:								
Behavior of parents or littermates?								

REASON(S) FOR PRESENTATION

Please list behavior problems in order of importance: (realize that some cases have multiple issues and may have to be addressed separately)

Problem:	Severe	moderate	mild	Length of time problem has existed	Frequency of problem (eg. once weekly, daily)
1.					
2.					
3.					

INFORMATION ON PRESENTING COMPLAINT(S)

What do you think has caused the problem(s):

Describe the problem/misbehavior – last incident: (make sure to include such descriptions (if possible) of the dog's body posture, locations of other people or animals in the vicinity, circumstances that you believe stimulated the problem, etc)

Describe previous incidents:

Has there been a recent change in frequency of the behavior?

What has been done so far to try and correct the problem?

What has been the dog's response?

List any techniques that have been successful:

List any techniques that have made the problem worse:

List any drugs that have been tried so far and the dog's response to the medication:

Mg strength	Drug	Frequency (e.g. once a day, twice a day)	Length of time drug administered (e.g. days, 2 weeks, 1 month)	Outcome (successful or not)

List any other dietary treatments, supplements or remedies and the dog's response:

FAMILY / RELATIONSHIPS

List each family member living in the home with the pet (include sex and age):

How does your dog get along with each family member?

Who feeds?

Who plays?

Who grooms?

Who trains?

Who gives treats?

Who exercises/walks?

Briefly describe the family schedule, including how long the dog is left alone:

List the pets in your household:

Name	Species	Breed	Sex Spayed/neutered?	Age obtained	Age Now

How do the pets get along with each other?

TRAINING

Any formal training?	Yes	No	Class Trained at home	Private instructor	How successful was training?
Is there any ongoing training? Y N If yes, describe:					
Type of training collar used:			Dog's response:		
Neck collar					
Remote collar (if yes, indicate type e.g. shock, citronella, etc.					
Head halter (such as Gentle Leader®, Halti®)					
Body Harness					
Other (choke, pinch, prong)					
How would you describe the training?		Reward-based	Assertive/dominance	Aversive/mostly corrections	
		Other			
How well does your dog obey the following commands (when asked for the FIRST time) for each household member? (list as a percent)					
Household member	Sit	Down	Stay	Come	
	%	%	%	%	
	%	%	%	%	
	%	%	%	%	
	%	%	%	%	

Are there any other commands or tricks your dog knows?

Punishment

Have you ever used any of the following for punishment or training?	Yes	No	Reaction
1. Physical punishment			
2. Noise punishment (shaker can, noise)			
3. Ultrasonic (e.g. Petagree®)			
4. Water Sprayer			
5. Verbal reprimands			
6. Physical handling: muzzle grasp			
Pinning			
7. Time out			
8. Booby traps/repellents			

HOUSETRAINING SCREEN (If your pet is not housoiling, skip this section)	
Was your dog ever completely housetrained ? Yes <input type="checkbox"/> No <input type="checkbox"/>	At what age was he/she considered housetrained?
How often does your pet house soil? (ie. several x/day, weekly or monthly?)	Is it urine, stool or both?
When is the dog most likely to house soil?	
Do you have a doggie door? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does your dog use the doggie door? Yes <input type="checkbox"/> No <input type="checkbox"/>
In what rooms does your dog tend to soil?	Is there a room/location in which the dog does NOT soil?
Does your dog soil when family members are home?	
Does your dog soil directly in front of a family member?	
What do you do when you find urine or stool in the improper location?	
Does your dog urine mark? (urinate on upright objects)	
How many times per day does your dog have a chance to go outside to eliminate?	
How long is the longest confinement without access to outside? (if any)	
Is your dog crated? Yes <input type="checkbox"/> No <input type="checkbox"/> Is there ever urine in the crate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your dog leak urine when: Sleeping? <input type="checkbox"/> Walking? <input type="checkbox"/> Approached by owner? <input type="checkbox"/> If approached by stranger? <input type="checkbox"/> Excited? <input type="checkbox"/> Frightened? <input type="checkbox"/>	

Departure Behavior Screen	
How long is the dog left alone on an average day?	
Is the dog left: Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Access to both <input type="checkbox"/>	
Is your dog crated or confined on departure?	
If crated, describe crate:	Location of crate?
If confined other than crate, describe:	
Has your dog been left at a kennel, veterinary clinic or with family/friends?	
If yes, describe your dogs reaction:	
Does your dog exhibit any problem behaviors on your departures? Yes <input type="checkbox"/> No <input type="checkbox"/>	

If yes, continue with following questions, if no, please skip to the next section:
Describe your dog's behaviors when left alone:
Does the behavior differ depending on length of departure or the time of day left alone?
How does your dog act as you or other family members are getting ready to leave? Describe:
Does the behavior differ depending on who is the last to leave the home?
How does the dog react when the family returns?
Have you ever left the dog alone in the car? If so, how did he/she react?

AGGRESSION SCREEN

Has your pet displayed any of the following?

Threatening behavior? YES NO Growling? YES NO Bite attempts? YES NO Bites? YES NO

If your pet has displayed any of the above, but they have been resolved, or controlled to your satisfaction, then skip next section and proceed to the next:

Situations that lead to aggression (check all that apply)

Situations:	Growled	Attempted to Bite	Bitten	No Reaction:	Explain:
Petting/handling					
Eating or being approached while eating:					
Chewing stolen toys/objects attempting to take away from dog:					
Trimming nails/bathing/brushing:					
Staring at dog:					
Scolding dog:					
Leash or collar correction:					
Physically reprimanding dog:					
Raising hand over dog:					
Bend or lean over dog:					
Hug or kiss dog:					
Grabbing collar:					
Rolling over:					
Disturbing while sleeping:					
While dog is on furniture/bed, attempting to remove dog:					

Aggression towards people: If your pet is not aggressive towards people, skip this section and move to the next:

In your opinion, what is the potential for injury to another person?

Has your dog ever bitten hard enough to break skin or cause injury? YES NO If yes, describe:

Number of bites that have broken skin: _____ Total # of bites: _____ Body parts typically bitten: _____

If your dog has bitten a person, how old was the dog the first time he/she bit? _____ months or _____ years

Has your dog ever been aggressive toward members of the immediate family? YES NO If yes, to whom? Describe:

Is your dog ever aggressive toward visitors ? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, to whom? Describe:
Is your dog aggressive toward people off property? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, were the people known, strangers or both? Explain
Is there a person or type (age, sex, uniforms) that you dog is most likely to threaten or bite?
Is there a location or situation where aggression is most likely to occur?
When your dog threatens, attempts to bite or bites, how do you handle the situation and what is the dog's reaction?
How would you describe your dog's attitude at the time of aggression? (bold, protective, fearful, etc)
How would you describe your dog's expression and postures at the time of aggression? (hackles raised, ears forward or tail back, tail up or tucked between legs and under, cowering, running forward and then retreating):

Aggression towards other dogs: If your dog is not aggressive towards other dogs, skip this section and move to the next:

In your opinion, what is the potential for injury to another dog?
How old was your dog when you first noticed aggression to other dog(s)? months or _____ years
Has your dog ever bitten hard enough to break skin or cause injury requiring medical attention? Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of bites that have broken skin: _____ Total # of bites? _____ Body parts typically bitten: _____
Is there a location or situation where aggression is most likely to occur?

Aggression to ward other dogs, check all that apply:

Investigates the other dog before attacking	Tries to attack from a distance	What is the usual distance away from another dog when attempting to attack?
Barks/growls before attacking	Does not bark or growl before attacking	Gives body language such as stiffening, hair raising and staring before attacking
Attacks only bigger dogs	Attacks only smaller dogs	Size of the dog does not matter
Attacks only female dogs	Attacks only male dogs	Gender of the dog does not matter
Bites once and retreats	Bites multiple times and retreats	Bites and does not let go

Additional Behavior Problems

Problem	Yes	No	Describe
Destructive chewing			
Barking			
Whining			
House soiling urine			
House soiling stool			
Stool eating			
Hunting / predation			
Jumps up (owners)			
Jumps up (guests)			
Garbage raiding			
Food stealing			
Pushy – wants own way			
Only listens when feels like it			
Sexual habits: Masturbation Roaming Mounting Urine Marking			
Chews/licks self: (if a problem, note location on body and frequency)			
Tail biting			
Imaginary fly chasing			
Staring at / chasing imaginary objects			
Uncontrollable urination when excited			

Uncontrollable urination when frightened			
Bedwetting (while sleeping)			
Eats non-food items (Pica)			
Licks objects			
Excitability			
Over activity			
Phobias (thunder / cars etc.)I			
Shyness / timidity (nonaggressive)			
Additional problems not listed			