***Behavior History Form***

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| *Consult Date and Time:* | | | |
| *Name:*  *Other adults:* | | | |
| *Dog's Name:* | *Age:* | *Sex* | *Weight* |
| *Breed type:* | | | |
| *How long have you had the dog?*  *Dog’s age when acquired?* | | | |
| *Where did you get the dog?* | | | |
| *If your dog is adopted, what information, if any, do you have about his previous life?* | | | |
| *Spayed/Neutered?* | *At what age?* | | |
| 1. *Number of people in household:* | | | |
| 1. *How many children, names and ages:* | | | |
| 1. *Other dogs in household, names and ages:* | | | |
| 1. *Other pets in household, names and ages:* | | | |
| 1. *Your experience level:* 2. *First time owner \_\_\_\_\_\_ Somewhat experienced \_\_\_\_\_ Experienced \_\_\_\_\_\_\_* | | | |
| 1. *Veterinarian:* | | | |
| 1. *List any medications your dog is taking:* | | | |
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| 1. *Please describe your dog’s behavior problem(s) (go into as much detail as you wish)* | | | |
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| * *How often do the problems occur?* | | | |
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| * *What has been done so far to correct the problems? Type of discipline, confinement, training, etc.* | | | |
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| 1. *What was the dog’s response to these corrective measures?* | | | |
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| * *Have you consulted a behavior specialist or taken a training class with your dog?* | | | |
| 1. *How often do you feed your dog?* 2. *Once daily Twice daily Free feeding* | | | |
| 1. *What type of food?* | | | |
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| 1. *What kind of exercise does your dog get on a daily basis?* | | | |
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| 1. *Does your dog go to daycare or have a dog walker?* | | | |
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| 1. *Does the dog have any physical problems?* | | | |
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| 1. *How long is your dog left alone?* | | | |
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| 1. *What makes your dog bark?* | | | |
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| 1. *Do you know whether your dog played at dog parks, whether official or casual? If so, when and how often?* | | | |
| *\_\_Frequently*  *\_\_Occasionally* | *\_\_One or two times*  *\_\_Never* | | |
| * *Is your dog overprotective of any of the following?* | | | |
| *\_\_Food*  *\_\_Toys ­­* | *\_\_ Property*  *\_\_You or another person* | | |
| 1. *Has your dog ever been attacked? If so, at what age?* | | | |
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| 1. *Three (or more) activities that your dog likes/loves:* | | | |
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| 1. *Three (or more) foods that your dog likes/loves:* | | | |
| *1* | | | |
| *2* | | | |
| *3* | | | |
| *What are your goals for this dog?* | | | |
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