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## Canine Behavior History

Please complete the following questionnaire and send this form (mail/fax/e-mail/drop-off) back to us before your behavior consultation. Specific questions about the problem behavior(s) will be asked during your visit.

### General Information

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Name of Dog: \_\_\_\_\_

Address: \_\_\_\_\_

Breed: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Sex: \_\_\_\_\_ Neutered/Spayed: \_\_\_\_\_

Work/Day phone: \_\_\_\_\_

What is the main behavior problem or complaint? How frequently does this problem occur (times per day, week, month?)

Please list additional problems and their frequency of occurrence:

### Chronology of the Behavior Problem

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

When did it first become a serious concern?

Under what general circumstances does the dog misbehave?

Has the problem changed in frequency? If yes, please describe how.

Has this problem changed in intensity? If so, please describe how.

Has this problem otherwise changed?

Please describe several examples in detail:

1. Most recent incident: (Date: \_\_\_\_\_)

2. Second to last incident: (Date: \_\_\_\_\_)

3. Third to last incident: (Date: \_\_\_\_\_)

Other significant incidents:

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

How do you discipline your dog for this and for other misbehavior?

**Home Environment**

Please list the people, including yourself, living in your household. Please include ages of children.

| Name | Hours Away From Home |
|------|----------------------|
|      |                      |

How does your dog behave with familiar visitors?

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

How do you exercise your dog?

Is your dog free in a fenced yard?  Yes  No

Is your dog tied outside?  Yes  No

Does your dog run free?  Yes  No

How do you play with your dog?

What toys does your dog have?

Is your dog housetrained?  Yes  No

How was your dog housetrained?

Does your dog ever eliminate in the house?  No  Yes  Urinate  Defecate

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

Where is your dog when alone in the house?

Where is your dog when you have guests?

How does your dog behave while you are leaving the house?

How does your dog behave when you return?

### **Obedience Training**

What basic obedience training has your dog had?  None  Trained at home  Started obedience classes but did not finish  Graduated obedience class once  Graduated obedience class twice or more levels  Private trainer  Other \_\_\_\_\_

How old was your dog when obedience training started?

Please list all animals in the household, including the patient:

| Order Obtained | Name | Species | Breed | Sex | Age Obtained | Age Now |
|----------------|------|---------|-------|-----|--------------|---------|
|                |      |         |       |     |              |         |

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

What type of area do you live in?    City Town        Suburbs        Rural

What type of house do you live in? Please describe.

Have you moved since acquiring your dog?       No  
    Yes – How many times? \_\_\_\_\_

Has your household (people or pets) changed since acquiring your dog?

No  
 Yes – Please describe:

**Dog's Background:**

Why did you decide to get a dog?

Why did you choose this breed?

Where did you get this dog?    SPCA/Humane Society                                Pet store  
    Breeder – newspaper ad/flyer                                Friend  
    Breeder – referral      Stray  
    Other: \_\_\_\_\_

Have you owned dogs before?       Yes       No

If known, how many littermates did your dog have?      Males \_\_\_\_\_      Females \_\_\_\_\_

How many animals did you have to choose from? \_\_\_\_\_  
Why did you choose this dog over the others? (please be specific)

Who in the family is the primary trainer?

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

Has your dog had any hunting, herding, protection, attack, or Schutzhund training?  Yes  No

What percent of the time does your dog obey the following commands for each member of the family:

| Family Member | Sit | Down | Stay | Come | Heel (don't pull) |
|---------------|-----|------|------|------|-------------------|
|               |     |      |      |      |                   |

Does your dog know any tricks? If so, please describe.

Have you exhibited your dog in breed shows?  Yes  No  No, but I plan to

Does your dog jump up on you or others without permission?  Yes  No

Does your dog paw at your or at others?  Yes  No

Does your dog lick you?  Yes  No

Does your dog mount people?  No  Yes – Who does he or she mount?

Does your dog mount other animals or objects?  No  Yes – Please describe:

Does your dog ever bark at you?  No  Yes – When? Please describe.

Does your dog bark at other times?  No  Yes – Please describe.

What is your dog's activity level in general?  Low  Average  High  Excessive

### Medical History

Is your dog on any medication now, for this or other problems?  No  Yes – Please describe.

Has your dog been on medication in the past?  No  Yes – Please describe.

Date of most recent rabies vaccination: \_\_\_\_\_  1-year,  3-year

Where are you on a scale of 1 to 5 as follows:

- 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 is 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 or her up.

Was a temperament test performed?  Yes  No  Unsure

If yes, the result of the temperament test:

Describe your dog's behavior as a puppy:

Do you have any news about littermate behavior? (please describe)

Did you meet your dog's parents?  Mother  Father

If so, please describe their behavior:

Has your dog had other owners?  No  
 Yes – How many? \_\_\_\_\_

Why was the dog given up?

At what age was your pet spayed or neutered? \_\_\_\_\_

Why was your pet spayed or neutered?

Were there any behavior changes after spaying or neutering?

If your pet is "intact", has your pet ever been bred?  Yes  No

Are you planning to breed?  Yes  No  Unsure

If you have an intact female, when was her last heat? Was it normal?

### **Diet and Feeding**

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

How much do you feed? Please be specific.

Meal times: \_\_\_\_\_ Location: \_\_\_\_\_

Who feeds the dog?

What is your dog's favorite treat?

### **Daily Schedule – Typical 24 Hour Day**

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

### Aggression Screen

Please indicate what reaction your dog has to the following stimuli:

Key: GR = growl

SL = snarl/bare teeth

SB = snap/bite

NR = no reaction NA = not applicable

| Stimulus  | GR | SL | SB | NR | NA |
|---|----|----|----|----|----|
| 1. pet dog  |    |    |    |    |    |
| 2. hug dog  |    |    |    |    |    |
| 3. kiss dog   |    |    |    |    |    |
| 4. lift dog   |    |    |    |    |    |
| 5. call off furniture                               |    |    |    |    |    |
| 6. push/pull off furniture                          |    |    |    |    |    |
| 7. approach on furniture                            |    |    |    |    |    |
| 8. disturb while resting/sleeping                   |    |    |    |    |    |
| 9. approach while eating                            |    |    |    |    |    |
| 10. touch while eating                              |    |    |    |    |    |
| 11. take dog food away                              |    |    |    |    |    |
| 12. take human food away                            |    |    |    |    |    |
| 13. take water dish away                            |    |    |    |    |    |
| 14. take rawhide                                    |    |    |    |    |    |
| 15. take biscuit/cookie                             |    |    |    |    |    |
| 16. take real bone                                  |    |    |    |    |    |
| 17. take toy/object                                 |    |    |    |    |    |
| 18. approach when dog has any object/toy/bone       |    |    |    |    |    |
| 19. verbally punish                                 |    |    |    |    |    |
| 20. physically punish                               |    |    |    |    |    |
| 21. visual threat                                   |    |    |    |    |    |
| 22. speak to dog (normal tone)                      |    |    |    |    |    |
| 23. stare at dog                                    |    |    |    |    |    |
| 24. bend over dog                                   |    |    |    |    |    |
| 25. push on shoulders or back                       |    |    |    |    |    |
| 26. approach dog near spouse                        |    |    |    |    |    |
| 27. enter room                                      |    |    |    |    |    |
| 28. leave room                                      |    |    |    |    |    |
| 29. reach toward dog                                |    |    |    |    |    |
| 30. leash restraint                                 |    |    |    |    |    |
| 31. collar restraint                                |    |    |    |    |    |
| 32. scruff restraint                                |    |    |    |    |    |
| 33. put leash on/take off                           |    |    |    |    |    |
| 34. put collar on/take off                          |    |    |    |    |    |
| 35. bathe dog                                       |    |    |    |    |    |
| 36. towel dog                                       |    |    |    |    |    |
| 37. groom/brush dog                                 |    |    |    |    |    |
| 38. dog at groomer's                                |    |    |    |    |    |
| 39. trim nails                                      |    |    |    |    |    |
| 40. leash/collar correction                         |    |    |    |    |    |
| 41. response to "sit" command                       |    |    |    |    |    |
| 42. response to "down" command                      |    |    |    |    |    |
| 43. dog at veterinary clinic                        |    |    |    |    |    |
| 44. unfamiliar adult enters house or yard           |    |    |    |    |    |
| 45. unfamiliar child enters house or yard           |    |    |    |    |    |
| 46. familiar adult enters house or yard             |    |    |    |    |    |
| 47. familiar child enters house or yard             |    |    |    |    |    |
| 48. response to toddlers/babies                     |    |    |    |    |    |
| 49. dog in car at tollbooths, gas stations          |    |    |    |    |    |
| 50. unfamiliar adult approaches owner, dog on leash |    |    |    |    |    |
| 51. unfamiliar child approaches owner, dog on leash |    |    |    |    |    |
| 52. dog in house, sees people outside               |    |    |    |    |    |
| 53. response to other dogs, while on leash          |    |    |    |    |    |
| 54. response to other dogs, while not on leash      |    |    |    |    |    |

## For Aggression Towards People

Characteristics of your dog's aggressive behavior:

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

Has your dog bitten and broken skin?  Yes  No

Number of bites that broke skin: \_\_\_\_\_

Total number of bites (that did or did not break skin): \_\_\_\_\_

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

If the dog is in the above situation 10 times, in how many of those times is aggression seen?

What parts of the body has the dog bitten and how severe were the injuries?

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

Did your dog bite as a puppy?  No  Yes – Please describe, including age:

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

What was the circumstance?