

Texas Veterinary Behavior Services

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texasvetbehavior.com

Canine Behavior History Form

Behavior problems can be frustrating and difficult to correct. The information provided in the following questionnaire will be very important for accurate diagnosis and treatment of your dog's problem(s). Please be complete and provide as much detail as possible. When describing events and problems, detail your dog's specific behavior pattern and not your interpretation of what your dog is doing.

The more information you provide here, the less time we will need to spend during consult reviewing your dog's history. This allows us to spend more time discussing treatment steps. **Please type this on your computer as it will impair our ability to help your pet if we cannot read your handwriting.**

Owner: _____ **Date:** _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

E-mail: _____

Regular veterinarian: _____ **Phone:** _____

Address: _____

How/where did you hear about us? _____

Dog's name: _____ **Species:** _____

Age: _____ **Breed:** _____

Where did you obtain this dog? (E.g. breeder, friend, dog store, etc.): _____

How old was your dog when you acquired him/her? _____

Why did you choose this breed of dog? _____

Why did you pick this particular dog and for what purpose? (e.g. show, companionship, breeding, etc.) _____

Is this your first experience as an adult with a dog? Yes No Of this breed? Yes No

List all medications your dog is currently receiving (including flea and heartworm prevention) or has received in the last 3 months and how long the dog has been taking them. Include dosing instructions. _____



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List all medical and surgical conditions affecting your dog and when they were done. _____

What is your dog's regular diet? Include brand and amount fed. Also indicate if your dog receives table food or human food and any supplements. _____

How often is your dog fed? _____

By whom? _____

Where? _____

What treats does your dog receive and why? _____

What percentage of time does your dog spend indoors? _____ Outdoors? _____

Where does your dog stay: _____

During the day? _____

During the night? _____

When left alone? _____

During the evening when you are home? _____

When guests are present? _____

Do you have a dog door? _____

How long is the dog left alone during the day? _____ Night? _____

Is your dog allowed on the furniture? _____

What toys does your dog have to play with and which does it use? _____

What type and how much exercise does your dog receive and when? _____



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Is your dog ever allowed off leash in public? _____

Have you trained a dog before? Explain. _____

Has your dog received any formal training? If so, please describe what type, where and when it occurred and what the outcome was. Also list the name of the trainer or facility where you took the classes or sessions. _____

What will your dog do on command? _____

For the commands you listed above, what percentage of time will your dog respond on the first command while off leash with no physical prompting? _____

How much time do you spend each day practicing routine training? _____

How much time are you willing/able to spend on training with your dog each day? _____

List any other animals in the household and the order in which they were acquired. Include breed, sex, age and whether neutered or intact. _____

List all persons in the household (including yourself) and their daily schedule. If children are in the home, please note their age. _____

Please describe the type and amount of exposure your dog received during the first 4 months of its life to:

Unfamiliar people: _____

Unfamiliar animals, especially those of its own species: _____

Does your dog get along with other animals? _____



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How does your dog react to unfamiliar visitors entering your house or yard? _____

How does your dog react to familiar visitors entering your house or yard? _____

How does your dog react to people and animals it sees outside through the windows or doors? _____

How does your dog react to people that approach while you are out on a walk? _____

How does your dog react when it sees other dogs while out on a walk? _____

Describe your dog's personality. _____

How does your dog act just before you leave the house? _____

When you return? _____

Describe your dog's behavior problem(s). List them in the order of concern to you. _____

When did each of these behavior problems first begin (month and year)? _____

Describe when the problems are most likely to occur and how frequently they occur. _____

Has any change occurred in the frequency, intensity, or appearance of the problems? Explain. _____



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Were there any changes in your dog's environment within the 6 months prior to the onset of the problems?

- new animal
- moved or redecorated
- new baby or person in house
- schedule change
- guests (animal or human)
- change in diet
- change in dogs living arrangements
- other:

How did your dog react to these changes? _____

What corrections or methods have been used to try to resolve or improve the problems? _____

How did your dog react to these methods? _____

If your dog was punished or reprimanded for these behaviors, how did your dog react during and immediately after the punishment? _____

Has your dog taken any behavior related medications? If so, list the medication, dose and how long the dog took the medication. _____

Did any of these medications influence the behavior(s) in any way? If so, explain. _____

Are you amenable to discussing the use of medication to assist your pet if indicated? _____

Please list any other products or supplements (e.g. Thundershirt, pheromones, calming supplements) that you have tried using to address the problem(s). Describe the dog's response to each. _____



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Please list any other behavior problems displayed by your dog:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> digging | <input type="checkbox"/> sexual | <input type="checkbox"/> eats nonfood items |
| <input type="checkbox"/> vocalization | <input type="checkbox"/> housesoiling | <input type="checkbox"/> jumps up |
| <input type="checkbox"/> chewing | <input type="checkbox"/> learning | <input type="checkbox"/> bites/growls |
| <input type="checkbox"/> unruly | <input type="checkbox"/> grooming (excessive) | <input type="checkbox"/> storm/noise phobia |
| <input type="checkbox"/> feeding | <input type="checkbox"/> shy/timid | <input type="checkbox"/> other: _____ |

Please briefly describe any problems indicated in the question above: _____

Please indicate any other additional information you feel might be helpful. Use an additional sheet if necessary. _____

What is your purpose or goal for this visit? _____

How willing are you to make potentially significant changes in your dog's living arrangements in your home in order to control/resolve this problem?

- Not at all Somewhat Very I will do anything

How willing are you to make potentially significant changes in the way you interact with your dog in order to control/resolve this problem?

- Not at all Somewhat Very I will do anything

Please choose ONE of the following:

- I do not consider this problem very serious.
- I consider the problem serious, but if it cannot be improved, I will still keep my dog.
- I consider the problem serious, but if it cannot be improved, I will euthanize my dog or give him/her away.



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Canine Behavior History Form

CANINE AGGRESSION SCREEN

Br = Barks **G** = Growls/snarls **B** = Bites **S** = Snaps **N/A** = not applicable

For each of the following items, please indicate which if any of the above behaviors your dog exhibits in each circumstance. Please list all that are applicable (e.g. if your dog barks and growls, indicate Br and G)

	Always	Sometimes	Never
1. Petting on head or shoulders			
2. Hugging or kissing the dog			
3. Bending over dog			
4. Handling feet			
5. Clipping toe nails			
6. Grooming by owner			
7. Grooming by groomer or stranger			
8. Handling at or by veterinarian			
9. Restraining dog for medicating			
10. Disturb dog while sleeping			
11. Reprimand verbally			
12. Reprimand physically			
13. Correct or jerk with leash			
14. Push/pull dog off furniture			
15. Reach for or pull on dog's collar			
16. Owner approaches while dog is eating			
17. Owner takes food bowl or treat from dog			
18. Owner approaches while dog has treat or bone			
19. Animal approaches while dog is eating			
20. Animal approaches while dog has treat or bone			
21. Taking stolen items from dog			



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	Always	Sometimes	Never
22. Owner staring into dog's eyes			
23. Stranger staring into dog's eyes			
24. Unfamiliar person enters house			
25. Familiar person enters house			
26. Stranger approaches when dog with owner on walk			
27. Reaction to young toddlers or babies			
28. Approached by child			
29. Approached by dog while dog on leash			
30. Approached by dog while dog off leash			
31. Human approaches dog in car			
32. Approach dog while dog near spouse			
33. Dog sees people through front window of house			

Has your dog actually bitten another dog? Yes No

A person? Yes No

If your dog has actually bitten a person or dog, did the bite break the skin? Yes No

What percentage of your dog's bites have broken the skin? _____

What part of the body does your dog typically bite? _____

How does your dog act immediately after the aggressive episode? _____



