



Canine Behavior History Form

Owner Information:

Name: _____

Are you a current client of SAAH? Y N (If yes, then skip to patient information)

Address: _____

Phone: Home _____

 Work _____

 Cell _____

Email: _____

Best method of contact: _____

Patient Information:

Name: _____

Age: _____ Male or Female Neutered/Spayed or Intact

Breed: _____ Weight _____

Medical History:

When was the last physical examination performed on your dog? _____

Have there been any medical tests performed associated with the behavioral problems? Y N

If yes, please obtain a copy of all medical tests performed and submit them with this form.

If your dog is spayed/neutered, what age was this done? _____

Please indicate why the procedure was done:

Routine

Medical reason: _____

Attempt to modify behavior

Other: _____

Are all vaccinations current? Y N

List any medications and dose that your dog has received in the past month or is currently taking:

List any medications, homeopathic remedies, or devices you have used with your dog to treat behavioral problems:

Does your dog have any preexisting or current medical problems? Y N

If yes, please explain: _____

Has your dog ever had a seizure? Y N

If yes, please give date(s) of seizure(s): _____

Household Information:

Please list all members of your household, including yourself, and hours away from home:

Name	Gender	Age	Relationship (self, child, roommate, etc)	Hours away from home/day

Have there been any changes in the household recently (new schedule, new people, etc):

Please list all household dogs, including the patient, IN ORDER ACQUIRED:

Name	Species	Breed	Gender	Age	Age Acquired
#1					
#2					
#3					
#4					
#5					

If the only dog in the household is your dog, have you ever had dogs before? Y N

If yes, what types of dogs have you owned in the past? _____

Patient Background Information:

Where did you acquire this dog from?

Professional breeder

Humane Society/shelter

Rescue group

What type of access does your dog have to outside?

Fenced yard: Supervised Unsupervised

Property that isn't fenced: Allowed to roam/unsupervised On leash/supervised

No property/Apartment: Hardly outside Leash walked Dog parks

What percentage of the day does your dog spend outside?

0-25% 25-50% 50-75% 75-100%

Do you walk your dog? Y N

If no, describe what (if any) exercise your dog gets: _____

How often do you walk your dog? _____

What is the average length of your walks? _____

Who walks the dog? _____

What type of collar/leash do you use when you walk your dog? _____

Do you play with your dog routinely? Y N

If yes, describe the most typical play session _____

Diet:

How is your dog fed?

Free choice (bowl is always kept full) One meal per day, time _____

Two meals per day, times _____

More than two meals per day, times _____

What diet do you feed your dog and how cups are offered per day or per meal?

What type of treats (anything other than dog food) are offered to your dog and how often?

What is your dog's training history?

No training

Self-trained

Puppy classes

Group lessons beyond puppy class

Private trainer, at house

Sent to private trainer

What commands does your dog know and how well (perfect, usually, needs work)?

Behavior Problem:

Please use the chart below to list the behavioral problem(s) that you wish to address and how much of a problem you consider the behavior to be:

Behavior Problem	Very serious	Serious	Not serious

Describe a typical episode of the primary behavioral problem:

How often does the behavior occur? _____

Describe the first incident (including the date):

Describe the most recent episode (including the date):

Has the frequency of the behavior:

Increased

Decreased

Remained unchanged

Has the intensity of the behavior:

Increased

Decreased

Remained unchanged

Have you tried to change the problem behavior? Y N

If yes, please list all things you have tried and whether they have been useful or not:

Have you considered finding another home for your dog? Y N

Have you considered euthanasia (putting your dog to sleep) because of this problem? Y N

Is there any other information you would like to add?

