

Name: _____

Date: _____

**Canine Behavior Case Form
 Owner's Pre-Evaluation Information**

Household: # of adults (>18yrs): _____ # of Children: _____ Ages of children: _____

Please list occupation of adults in household: _____

Who is the primary caretaker of the dog?:

- Husband Wife Child N/A Other _____

of dogs (including patient): _____

	NAME	BREED	SEX	AGE (yrs)	RANK*
PATIENT	_____	_____	_____	_____	_____
DOG 2	_____	_____	_____	_____	_____
DOG 3	_____	_____	_____	_____	_____
DOG 4	_____	_____	_____	_____	_____

*when there are multiple dogs in a household one tends to be the most dominant (leader) and the others rank downward from there to the least dominant (submissive to other dogs in household). The dominant dog ranks 1.

Patient Information:

Weight (lbs): _____ Body condition: Thin 1 2 3 4 5 Obese

Age Patient was Spayed/Neutered: _____ years _____ months Unknown N/A

Current medical problem: _____

Current medication: _____ Dose: _____
 _____ Dose: _____

Origin of Pet:

- Own breeding Pet shop Other _____
 Breeder Humane Society Don't know
 Private home Stray

Age pet was obtained: _____ years _____ months Unknown

If obtained as a puppy, how was the puppy raised?:

- | | | |
|---|--------------------------------------|------------------------------|
| <input type="checkbox"/> In house | <input type="checkbox"/> Puppy mill | <input type="checkbox"/> N/A |
| <input type="checkbox"/> In kennel/garage | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Loose outside | <input type="checkbox"/> Don't know | |

If obtained as a puppy, how did you select that particular puppy from a litter?:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Breeder selected | <input type="checkbox"/> Most timid | <input type="checkbox"/> Looks |
| <input type="checkbox"/> No choice | <input type="checkbox"/> Biggest/dominant | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Most outgoing | <input type="checkbox"/> Smallest/submissive | <input type="checkbox"/> N/A |

If previously owned by someone else, for what primary purpose was the dog kept?:

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult's pet | <input type="checkbox"/> Watch/guard dog | <input type="checkbox"/> Research/teaching |
| <input type="checkbox"/> Family pet | <input type="checkbox"/> Farm/outside dog | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Children's pet | <input type="checkbox"/> Obedience | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Show dog | <input type="checkbox"/> Service/working dog | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Breeding | <input type="checkbox"/> Hunting dog | |

Primary purpose for which dog was obtained:

- | | | |
|---|---|--|
| <input type="checkbox"/> Adult's pet | <input type="checkbox"/> Breeding | <input type="checkbox"/> Service/working dog |
| <input type="checkbox"/> Family pet | <input type="checkbox"/> Watch/guard dog | <input type="checkbox"/> Hunting dog |
| <input type="checkbox"/> Children's pet | <input type="checkbox"/> Farm/outside dog | <input type="checkbox"/> Other |
| <input type="checkbox"/> Show dog | <input type="checkbox"/> Obedience | |

Average # hours dog is left alone per weekday: _____

Schedule on weekdays: Is consistent Varies

Where is the dog when left alone?:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Cage | <input type="checkbox"/> Garage | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Confined in a room | <input type="checkbox"/> Outside kennel | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Loose in living area | <input type="checkbox"/> Outside tied | |
| <input type="checkbox"/> Basement | <input type="checkbox"/> Loose in yard | |

Where is the dog at night?:

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Cage | <input type="checkbox"/> Basement | <input type="checkbox"/> On person's bed |
| <input type="checkbox"/> Confined in a room | <input type="checkbox"/> Garage | <input type="checkbox"/> Outside |
| <input type="checkbox"/> Loose in living area | <input type="checkbox"/> Bedroom | <input type="checkbox"/> Other _____ |

Exercise (walks):

- | | | |
|-------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> <1/week | <input type="checkbox"/> once/day | <input type="checkbox"/> 3x/day |
| <input type="checkbox"/> several/wk | <input type="checkbox"/> twice/day | <input type="checkbox"/> >3x/day |

Exercise schedule: Is consistent Varies during week

Average hours of walking exercise per weekday: _____



Dog is walked on:

- Off leash
- Harness

- Flat collar
- Halter

- Choke chain
- Pinch collar

Reason: _____

Training:

- Dog has been crate trained
- Dog has attended obedience classes
- Attended puppy classes (<4 months)
- Dog has been shown in trials
- Dog is a trained service dog
- Dog is trained for other work

At what age did puppy/obedience classes start?: _____ years _____ months I don't know No training

- Level of training:
- basic (come, sit, down, heel on leash)
 - average (above plus heel off leash, stay)
 - advanced

Performance of dog in class/training situation:

- poor
- fair
- good
- excellent
- I don't know or N/A

Performance elsewhere:

- poor
- fair
- good
- excellent
- N/A

Training aids:

- off leash only
- halter
- pinch collar
- flat collar
- choke chain
- shock collar

Reason: _____

Type of discipline:

- none ever
- startling
- shake down
- response substitution
- physical
- roll over
- verbal reprimand
- shock
- water
- distracting
- time out
- other _____

Diet:

	%	Brand/type (optional)
Dry	_____	_____
Canned	_____	_____
Table Food	_____	_____
Special Meal	_____	_____

Feeding schedule:

- 1/day
 2x/day
 >2x/day
 food always available to pet

Feeding schedule: Is consistent Varies

Do you feed treats? yes no

If yes: Type: _____ Does your pet receive these contingent on behavior?: yes no

How would you generally describe your dog's personality?

- | | | |
|---|--|--|
| <input type="checkbox"/> Friendly to owner | <input type="checkbox"/> Aggressive to strangers | <input type="checkbox"/> Hyper excitable |
| <input type="checkbox"/> Aloof | <input type="checkbox"/> Shy of strangers | <input type="checkbox"/> Super submissive |
| <input type="checkbox"/> Aggressive to owner | <input type="checkbox"/> Happy, outgoing | <input type="checkbox"/> Fearful (environment) |
| <input type="checkbox"/> Friendly to stranger | <input type="checkbox"/> Inhibited | <input type="checkbox"/> Fear of noises |
| <input type="checkbox"/> Aloof to strangers | <input type="checkbox"/> Anxious | <input type="checkbox"/> Don't know |

Comments: _____

What was the personality of the dog as a puppy?:

- | | | |
|---|--|--|
| <input type="checkbox"/> Friendly to owner | <input type="checkbox"/> Aggressive to strangers | <input type="checkbox"/> Hyper excitable |
| <input type="checkbox"/> Aloof | <input type="checkbox"/> Shy of strangers | <input type="checkbox"/> Super submissive |
| <input type="checkbox"/> Aggressive to owner | <input type="checkbox"/> Happy, outgoing | <input type="checkbox"/> Fearful (environment) |
| <input type="checkbox"/> Friendly to stranger | <input type="checkbox"/> Inhibited | <input type="checkbox"/> Fear of noises |
| <input type="checkbox"/> Aloof to strangers | <input type="checkbox"/> Anxious | <input type="checkbox"/> Don't know |

Comments: _____

Does your dog regularly (at least weekly) engage in the following:

	No	When owner present (times/week)	Only in owner's absence (times/week)	Don't Know
Excessive barking, whining	<input type="checkbox"/>	<input type="checkbox"/> (_____)	<input type="checkbox"/> (_____)	<input type="checkbox"/>
House soiling	<input type="checkbox"/>	<input type="checkbox"/> (_____)	<input type="checkbox"/> (_____)	<input type="checkbox"/>
Destructive chewing	<input type="checkbox"/>	<input type="checkbox"/> (_____)	<input type="checkbox"/> (_____)	<input type="checkbox"/>
Self licking/chewing	<input type="checkbox"/>	<input type="checkbox"/> (_____)	<input type="checkbox"/> (_____)	<input type="checkbox"/>
Digging	<input type="checkbox"/>	<input type="checkbox"/> (_____)	<input type="checkbox"/> (_____)	<input type="checkbox"/>
Pacing, repetitive behavior	<input type="checkbox"/>	<input type="checkbox"/> (_____)	<input type="checkbox"/> (_____)	<input type="checkbox"/>

Thank you for your time! Please be certain to return this form to the clinic prior to your scheduled Behavior Appointment.