

Sheila H. Ferguson CBCC-KA CPDT-KA DipABT
sjf@insight.rr.com

BEHAVIOR HISTORY FORM

Name _____ Address _____

_____ Date _____

Phone _____ E-mail _____

Name of Dog _____ Breed _____ Age _____

Sex _____ Neutered/Spayed? _____ Age at Neutering _____

What Brand of Food do you feed? _____ Canned Food? _____

How much _____ How often _____

Age of Dog when Acquired _____ Where _____

Number of Previous Homes _____

Other Family Members and ages _____

Other pets and ages _____

Name any and all collars/harnesses/leashes you have used. _____

Do you feel this has been effective in controlling your dog? _____

What equipment have you used in the past? _____

Relationship with Family Members and other pets _____

Medical
History _____

Date of Last Veterinary Visit _____

Veterinarian's name _____ Address _____

Phone _____ Current Medications and doses _____

Dog's reaction to Vet visit _____

Dog's reaction to strangers _____

Dog's reaction to other dogs _____

Dog's reaction to squirrels/rabbits etc. _____

Dog's reaction to infants _____

Dog's reaction to small children _____

Dog's reaction to older children _____

Dog's reaction to bicycles/skateboards/rollerblades _____

Dog's reaction to cars _____

Dog's reaction to large vehicles _____

Known Previous History _____

Age of Dog when Problem first arose _____

Date of very first occurrence _____

Was any event associated with the onset of the behavior? _____

Description of Problems/ Incidents _____

Can you interrupt the behavior? _____

How often does the behavior occur? _____

What seems to trigger it? _____

Describe what you have done to try to stop the behavior (Please list everything)and how the dog reacted _____

Has the behavior gotten worse over time? _____ Better? _____

Stayed the same? _____

Describe your goals for you dog _____

You may be asked to change routine care and procedures such as exercise and interaction with your dog and to work Behavior Modification procedures into your daily activities. Are you willing and able to do this along with dedicating at least 15 minutes of rote training for basic commands daily? (circle one) Yes No

Where does the dog sleep? _____

Have you consulted with a trainer/behaviorist or been to any classes? _____

If yes, Who? When? Where? _____

Describe a 24hr day routine _____

Does your dog go to dog parks, daycare or stay with anyone? _____

What is the schedule for this? _____

What commands or tricks does your dog know and do willingly? _____

How do you praise your dog? _____

Is your dog afraid of anything? _____

If yes, describe how your dog acts? _____

Added Comments: _____

THIS FORM IS FOR PAST HISTORY; DO NOT ATTEMPT TO TRY THEM AT THIS TIME.

Please star the appropriate box if your dog exhibits any of the listed behaviors at any time when you or any member of the family has done the following:

DO NOT DO THESE THINGS	Growl	Lift Lip	Snap	Bite	No aggressive response	Not tried
Touch dog's food or add food while eating						
Walk past dog while eating						
Take away real bone, rawhide, or delicious food						
Walk by dog when s/he has a real bone/rawhide						
Touch delicious food when dog is eating						
Take away a stolen object						
Physically wake dog up or disturb resting dog						
Restrain dog when it wants to go someplace						
Lift dog						
Pet dog						
Medicate dog						
Handle dog's face/mouth						
Handle dog's feet						
Trim the dog's toenails						
Groom dog						
Bathe or towel off						
Take off or put on collar						
Pull dog back by the collar or scruff						
Reach for or grab dog by the collar						
Hold dog by the muzzle						
Stare at the dog						
Reprimand dog in loud voice						
Visually threaten dog: newspaper or hand						
Hit the dog						
Walk by dog in crate						
Walk by/talk to dog on furniture						
Remove dog from furniture: physically or verbally						

Make dog respond to command					
Does your dog get a glazed look in his/her eyes?					
Do you consider your dog hyperactive?					

Mark the appropriate answer			
History	Yes	No	I don't know
Did you acquire your dog after 3 months of age?			
Did you acquire your dog at 5 weeks of age or less?			
Was your dog acquired from a shelter or a pound?			
Has your dog had multiple owners during his/her life?			
Was your dog acquired from a pet shop?			
Was your puppy an orphan or hand raised?			
Was your dog the single puppy in a litter?			

Behavior	No	Mild	Moderate	Severe
Does your dog follow you around the house?				
Does your dog become anxious at the sound of car keys?				
Does your dog become anxious when you put on your coat or shoes?				
Does your dog become aggressive when you leave?				
Does your dog exhibit other problem behaviors as you prepare to leave?				
Does your dog bark or whine excessively within 30 minutes of your departure?				
After you leave does your dog's activity decrease?				
After you leave does your dog appear depressed?				
After you leave does your dog have a loss of appetite?				
Only in your absence does your dog destroy property?				
Only in your absence does your dog urinate				

or defecate in your home?				
Does your dog regularly have diarrhea, vomit, or lick excessively in your absence?				
Does your dog exhibit an excessive greeting on your return (jumping, hyperactivity, barking, more than 2-3 minutes)?				