

Dog Behavior History

During the course, we will be working together to develop a customized training Action Plan to address the behaviors that you find problematic or undesirable in your dog. In order to get a head start on your plan and to select the resources and exercises that are likely to work best, please answer the questions below as honestly and accurately as you can. (Please note that not all sections or questions will apply to you and your dog; if so, simply mark N/A and move on to the next section or question.)

Owner Information	
Your Name:	
Address/P.O. Box:	
City:	
Phones:	(home) _____ (cell) _____
E-mail:	
Describe briefly your past experience as a dog owner: (how many dogs, the type and amount of training you did with them, any experiences with dog sports, competition or sheltering/rescue work)	
Are you the dog's primary care-giver? <i>(For our purposes, the person responsible for feeding, walking & training is the primary caregiver)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, who is? _____

Dog Information			
Dog's Name:		How long have you had the dog?	
Current Age:		Sex:	Spayed/Neutered?
Breed or Mix:		Current Weight:	
Where did you get the dog?			
Why did you select this particular dog for your household?			
What about this dog appealed to you?			

Dog Behavior History

Dog Health Information		
Current Veterinarian:		
Is your dog up-to-date on:	Parvo/Distemper Combo: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Is your dog up-to-date on:	Rabies: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Heartworm Preventative?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type/Brand:
Does your dog have any chronic or current medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If yes, please explain)</i>
Is your dog on any medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If yes, please explain)</i>
Does your dog have any current or past injuries that limit his/her mobility or ability to perform?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If yes, please explain)</i>
Has your dog had any serious illnesses or injuries in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If yes, please explain)</i>
Is your dog on a special or restricted diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If yes, please explain)</i>
Does your dog have any congenital or breed-specific health issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If yes, please explain)</i>
Does your dog have any allergies or sensitivities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If yes, please explain)</i>
Is there anything about your dog's health history that concerns you or that you think we should know?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If yes, please explain)</i>

Dog Diet & Feeding						
What do you feed your dog?	<input type="checkbox"/> Dry/Kibble	<input type="checkbox"/> Canned	<input type="checkbox"/> Raw	<input type="checkbox"/> Home Cook	<input type="checkbox"/> Table Scraps	<input type="checkbox"/> Training Treats
% of daily food intake:						
Brand/Type:						
How many times a day?						
Changed type or brands recently?						
Do you feed mostly:	<input type="checkbox"/> Out of a bowl		<input type="checkbox"/> Food dispensing toys <i>(e.g. Kongs, Buster Cube, etc.)</i>			

Dog Diet & Feeding (continued)		
Please note if the dog has any of the following issues or behaviors around food or when taking food or treats & describe or explain under what circumstances, how often (usually/sometimes/rarely) and how intense (mild/moderate/severely) the dog is about them:		
Picky eater	<input type="checkbox"/> Yes <input type="checkbox"/> No	
"Garbage gut"	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Steals food if left out	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eats stools	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eats/scavenges while on walks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Seems frantic when eating	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Takes treats hard	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Won't take treats in new or stressful situations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Won't take treats from strangers or unfamiliar people	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Isn't "food motivated" or doesn't seem to enjoy food	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Protects or guards food from other animals	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Protects or guards food from humans	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there anything about your dog's behavior around food that concerns you or that you think we should know?		
Please list your dog's most favorite food items or treats, whatever they may be—the stuff that gets him/her <u>really</u> excited (e.g. chicken, pizza crusts, hot dog, part of your sandwich, the dropped steak, kitty poop, etc.)	1)	What kind of chew treats do you typically give your dog? (e.g. bones, raw-hides, pig's ears, etc.)
	2)	
	3)	
	4)	
	5)	

Your Dog's Favorite Activities			
What does your dog like to do?		How many times a week do you do this with your dog?	How aroused does your dog get when doing it? 1 = most/3 = Least
Play Fetch	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Play Tug	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Walks On Leash	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Off Leash Hikes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Swimming	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Training/Learning new things	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sport (e.g. agility)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have a job (e.g. hunting, herding)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dog park (or play with unfamiliar dogs)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Play with other household dogs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:			
Other:			
Is there anything about your dog's activities or play habits that concerns you or that you think we should know?			
Please list your dog's most favorite toys or objects—the items that gets him/her <u>really</u> excited (e.g. tennis balls, squeaky toys, horse droppings, dirty socks, etc.)	1)	Does your dog guard or fight over toys or other objects with humans or other dogs?	
	2)		
	3)		
	4)		
	5)		



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Your Dog's Daily Routine

Use the following to “schedule” out a typical average day in the life of your dog. Include the usual times for feedings, when you go to work, when and where the dog is left alone, when you typically play or go for walks, where the dog sleeps at night and who the dog spends time with. Try to capture the flavor of your dog's regular routine.

Time	Event	Where	With Whom
6 am			
7:00			
8:00			
9:00			
10:00			
11:00			
Noon			
1 pm			
2:00			
3:00			
4:00			
5:00			
6:00			
7:00			
8:00			
9:00			
10:00			
11:00			
Midnight			

How long is your dog home alone (without humans)?	
Where does your dog spend the most time?	
How much time are you with your dog?	



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Aggression & Reactivity		
Please answer the following questions as completely and honestly as you can.		
		Please describe or explain
Has your dog ever bitten a human being?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, was medical attention required and what kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your dog ever growled, snapped or nipped at a person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many incidents have there been?		
Is your dog reactive (<i>barky/lungy</i>) to people?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is it worse on or off leash?		
Is your dog reactive when seeing or meeting unfamiliar dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is it worse on or off leash?		
Has your dog ever growled, snapped or fought with another dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many incidents have there been?		
Has your dog ever injured another dog during a conflict?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was veterinary attention required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Do you have any concerns about managing your dog safely ON LEASH in a class setting?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Training History

Please describe briefly your dog's previous training history and the primary training method used (*e.g. Clicker, Lure/Reward, Leash Corrections, etc.*)

Group classes, private training or training you have done yourself with your dog:	Age of dog	What did you work on?	Primary Training Method

Is there anything else you would like to tell us or that you think we should know about you and your dog?

