



Abbey Animal Hospital
1949 Lynnhaven Parkway
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Canine Behavioral History Form

The information you provide here aids in the diagnosis and treatment of your dog's behavior problem. Please fill out the form completely and accurately. Circle or check all areas where given. You may use a separate sheet of paper if needed.

Part 1: Data:

Last Name _____ First Name _____ Today's Date _____

Pet's Name _____ Pet's Age _____

How did you hear of Abbey Animal Hospital? _____

Breed _____ Birth date: _____

Age obtained _____ Sex: Male Female Pregnant? Yes / No

Spayed/Neutered? Yes / No If yes, at what age: _____ Weight _____ Overweight?

Where did you obtain this pet: Breeder, Friend, Pet Store, Humane Shelter, Rescue, Other

Behavior Problems of parents or littermates, if known: _____

Your primary veterinarian's name: _____

Name of Clinic or Hospital _____

Office Phone: _____

Part 2: Principal Behavioral Complaint

Summarize the primary behavior problem in one sentence:

_____.

How would you describe the severity of this problem? Mild Moderate Severe

Have you considered euthanasia? Yes / No Please Comment: _____

Describe the last two incidents in as much detail as possible. Include an approximate date of each incident:

1. _____

2. _____

FREQUENCY

Please indicate the number of times the problem has occurred in each of the times indicated below:

	PAST WEEK	PAST MONTH	PAST YEAR	Since you've owned
# of times				

BACKGROUND INFORMATION

At what age was your pet when the problem began?	
Were there any changes in the home at that time?	
List techniques you have used to correct the problem	1. 2. 3. 4. 5.

TECHNIQUES

What techniques (if any) have helped?	
What techniques have made the problem worse?	
Have any drugs been tried for this problem? If yes, what?	
What do you think is the reason for your dog's problem?	

PART 3: Home Environment

PERONS LIVING IN THE HOUSEHOLD

List each person living in the household, including age, sex, time away from home (example 9am-5pm), and comments on that person's relationship with your pet (for exam: "feeds dog" or "is afraid of dog")

NAME	AGE	SEX	HOURS AWAY	RELATIONSHIP W/ Pet

PETS LIVING IN THE HOUSEHOLD

List all other pets in the household. Comment on the relationship between the dog with the behavior problem and your other pets (for example: "get along" or "dominates dog.")

NAME	SPECIES	BREED	AGE	SEX	COMMENTS

DIET

FOOD/TREAT	BRAND NAME	HOW OFTEN GIVEN?	DESIRE FOR THIS TYPE OF FOOD?
WET DOG FOOD (canned)			Mild Moderate Strong
DRY DOG FOOD			Mild Moderate Strong
ADDITIONAL DOG FOOD			Mild Moderate Strong
TABLE SCRAPS / PEOPLE FOOD			Mild Moderate Strong
TREATS TYPE 1			Mild Moderate Strong
TREATS TYPE 2			Mild Moderate Strong
SUPPLEMENTS / VITAMINS			Mild Moderate Strong

LOCATION/ACTIVITY/EXERCISE

SITUATION	AMOUNT OF TIME per DAY or PER WEEK DOG SPENDS at this Site/Activity	INDICATE LOCATION (loose in house, in kitchen, in crate or pen, at park, ect.)	INDICATE WHAT DOG WEARS (nothing, collar, harness, chock chain, prong collar, halter, ect.)
In HOUSE, PER DAY			
In YARD, per day			
On WALK, per day			
PLAYTIME, per day			
Jogging or structured exercise, per week			
Off lease (free), per week			
ASLEEP			
OBEDIENCE TRAINING, per week			

What is your pet's favorite toy? _____

What is your pet's favorite game? _____

PART 4: Behavior Profile

Training

Describe any obedience training: _____

Age at which obedience training started: _____

Success at obedience training: Poor Fair Moderate Excellent

What commands (if any) work best now? _____
_____.

Who in the family has the best control? _____

HANDLING

Check how your dog responds to the following tasks:

TASK	NO REACTION	AVOIDS	RESISTS	GROWLS	SNAPS	COMMENTS
Nail Trim						
Giving pill						
Cleaning Ears						
Bathing						
Patting Head						
Grasping Collar						
Being Lifted						
Grooming						
Rolling Over						

CORRECTIONS

Indicate any correction techniques you have used and indicate their effects on your dog's behavior.

TYPE of Correction	Have you Tried?	Improved the Problem	No Effect on the Problem	Made the problem worse
Time Out	Yes or No			
Leash Corrections	Yes or No			
Verbal Scolding	Yes or No			
Noisemaker	Yes or No			
Water Sprayer	Yes or No			
Spanking	Yes or No			
Rollover	Yes or No			
Other (describe)	Yes or No			

Please Describe other: _____

OTHER PROBLEMS

Check any unwanted behaviors that your dog exhibits:

JUMPING UP	<input type="checkbox"/>	Barking	<input type="checkbox"/>	Housoiling Urine	<input type="checkbox"/>	Tail Biting	<input type="checkbox"/>
Chewing	<input type="checkbox"/>	Howling	<input type="checkbox"/>	Housoiling Feces	<input type="checkbox"/>	Tail Chasing	<input type="checkbox"/>
Digging	<input type="checkbox"/>	Whining	<input type="checkbox"/>	Stool Eating	<input type="checkbox"/>	Staring	<input type="checkbox"/>

Describe unwanted problems in greater detail: _____

ATTACHEMENT AND SEPARATION

Describe how your dog reacts to the following times when left alone:

Time Spent Alone	Amount of Time	Location	Reaction
Alone: people gone (M-F) daytime			
Alone: People gone (M-F) evenings			
Alone, People gone (Sat, Sun), daytime			
Alone, people gone (Sat, Sun), evenings			

Have you ever used a crate for confinement? Yes / No

Do you still use a crate? Yes / No

What is your pet's reaction to your departure? _____

What is your pet's reaction to your homecoming? _____

Fear and Anxiety

Indicate if your pet exhibits any of the following behaviors and the context in which they occur (for example: thunderstorms or men with beards)

Behavioral Posture	Context 1	Context 2
Cowering		
Ears Back		
Tail Tucked		
Retreating		
Hiding (under bed, behind couch)		
Whining / Crying in distress		
Excessive Panting		
Excessive Salivation		
Pacing		

Please make any additional comments regarding fear or anxiety in your dog:

Describe any situation in which your dog seems fearful and aggressive:

Aggression

Indicate your dog's response to the following situations. Check all that have ever applied:

TASK	No Response	Growls	Barks	Lifts Lip	Snaps
When dog is approached while eating					
When dog is approached while chewing on a rawhide chew or special treat or toy					
When taking away a stolen object or rawhide					
When dog is scolded					
When dog is spanked					
When dog is pushed off furniture (bed, couch)					
When dog is approached while resting/sleeping					
EVER.. to family members?					
To strangers outside house/yard or at the door					
To people entering house/yard					
EVER, to children or infants.					
While in car, to persons outside car					
To painful stimuli (ex: injection by veterinarian)					
To other dogs					

Has your dog every been reported to local animal control authorities or public health department for biting? Yes or No.