



Canine Behavior History Form

Please complete and return form to GreenTree Animal Hospital 48 hours prior to your appointment.

Owner Information:

Name:
Address:
Phone: Home:
Work:
Cell:
Email:
Best method to contact:

Patient Information:

Name: Age:
Gender: Male Female Neutered/Spayed: Yes No
Breed:

Medical History:

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

List any medications, including homeopathic remedies that your pet has ever received for the treatment of a behavioral problem:

Does your pet have any preexisting or current medical problems?

Yes

No

If yes, please list:

Has your pet ever had a seizure?

Yes

No

Household Information:

Please list all members of your household, include ages of children and hours away from home.

Name	Gender	Age	Relationship (self, husband, wife, etc.)	Hours away/day
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Please list all household pets, including the patient, in the order acquired:

Name	Species	Breed	Gender	Age	Age acquired
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Background Information:

How old was your pet when you first acquired him/her?

Where did you acquire this pet from?

- stray/found
- professional breeder
- hobby breeder
- humane shelter/SPCA
- breed rescue group
- newspaper adoption (not breeder)
- pet store
- friend
- other (please explain)

Why did you get this pet?

- family pet
- working dog (hunting)
- protection/guard dog
- for breeding

Describe your pet as a puppy:

- friendly
- shy
- outgoing
- fearful
- aggressive
- playful
- other

Is your pet (please check all that apply):

- allowed to run free, unsupervised when outside
- always enclosed in a contained area when not on leash
- leash-walked
- outside, unleashed but supervised
- outdoors only

How many times is your pet walked per day?

If your pet is walked, what is the average length of time for each walk (in minutes)?

Who walks your pet?

What type of collar/leash do you use to walk your pet?

What percentage of the day does your pet spend inside?

- 0–25%
- 25–50%
- 50–75%
- 75–100%

What kind of living situation do you have?

- apartment
- townhouse/condominium
- house with small yard
- house with large yard
- farm/rural property

Is your pet fed:

- free choice (bowl is kept full of food)
- one meal per day
- two meals per day
- more than two meals per day

Is your pet fed treats on a daily basis?

- Yes
- No

Have you had pets before?

- dogs
- cats
- other
- none

Is your pet allowed on furniture?

- yes, all furniture
- yes, only specific pieces
- yes, only if invited
- no, but gets on anyway in presence and absence of people
- no, but gets on furniture in absence of people
- no, to my knowledge never gets on furniture

Where is your pet when left home alone?

- free in house
- outside house; describe:
- in crate
- restricted to certain areas in house

Do you play with your pet routinely? Yes No
If yes, describe a typical play episode:

Describe how you prepare to leave the house when the pet will be left alone. Do you ignore your pet, put it in a crate, say goodbye to pet, etc.?

What is your dog's obedience school history?

- no school, trained yourself
- puppy kindergarten

- _ group lessons, basic
- _ group lessons, advanced
- _ private trainer at house
- _ private trainer, sent to trainer

Is your dog trained to go to a certain spot/location (e.g., bed, crate, mat) on a verbal command?

Yes No

If yes, how reliable is the response? Perfect Good Moderate Poor

What commands does your dog know and how well (circle)?

sit	perfect	usually	needs work
stay	perfect	usually	needs work
lie down	perfect	usually	needs work
come	perfect	usually	needs work
heel	perfect	usually	needs work
fetch	perfect	usually	needs work
drop it	perfect	usually	needs work
watch me	perfect	usually	needs work

Reaction to handling by family members

Does your pet show aggression in the following circumstances? (This can include growling, hissing, snarling (showing teeth), lunging, nipping, snapping, or biting.) Please fill in the chart: (Y=Yes, N=No, N/A=doesn't apply). If biting has occurred in any of these circumstances, please describe the wound (tear, puncture, bruising).

	Adult owner (female)	Adult owner (male)	Children	Any specific individual
Handling/grooming				
Petting or hugging				
Disturbed when resting				
Disciplining				
Walking on the lead				
Taking food away				
Taking other objects				

Behavioral Problem:

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

Behavior Problem **very serious** **serious** **not serious**

Describe a typical episode of the behavioral problem(s):

The behavior occurs times per day / week / month

Describe the first incident (including date):

Describe the most recent episode (including date):

Has the frequency of the behavior increased / decreased / remained unchanged?

Has the intensity of the problem increased / decreased / remained unchanged?

Have there been any changes in the household (new pet, new family member, schedule change, etc.)? if so, describe:

What have you tried to do to change the problem behavior? Please list all things you have tried whether they have been useful or not.

Have you considered finding another home for your pet?	Yes	No
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Have you considered euthanasia (putting your pet to sleep)?	Yes	No
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Is there any other information you would like to add?