

RESCUE ME! DOG TRAINING

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Canine Behavior History

Client's Name:	Date:
Phone #:	Email:
How did you hear about us?	
Dog's Name:	Dog's Age: ____ Wt: ____ Spayed or Neutered? _____
Dog's Breed:	Date of Adoption:
Main behavior problem or complaint? First sign of incident?	Has your dog ever been on medication, if so what for?

MEDICAL

Family Veterinarian: _____

Hospital Name: _____

Please list all vaccines given within the last year:

- Rabies Distemper/Parvo Combo (Dhppvc) Bordetella (Kennel Cough) Leptospirosis Lyme
 Corona Giardia

Is your dog currently on any medication or special diet?

(List any added supplements or herbal remedies)

Any recent diet change?

Please list all and include heartworm prevention and flea medication:

List any surgeries or accidents involving your dog that required medical attention:

DAILY ROUTINE

Please describe a **typical 24 hour** period in your dog's life, start with where and when the dog wakes up in the morning:

Type of **food** you feed (wet, dry or raw)

Frequency of feeding, and the **amount** fed:

Other food/treats/table scraps:

Who feeds your dog?

Where is the dog fed?

EXERCISE

What does your dog do for exercise, and how often and for how long?

On leash, include location:

Off leash, include location:

Time spent **playing actively** with **owner**. Describe activities which take place:

Time spent **actively playing** with other **animals**?

What does your dog do when you're gone from the house?

What kind of toys, chews, etc does your dog play with and how often?

When does he play with his toys?

What is your dog's activity level in general? Low Average High Excessive

ENVIRONMENT

Please describe all the people living in the household now starting with yourself:

First Name	Sex	Age	On a scale of 1 to 10, describe the relationship with the dog 1 = hate 10 = love	Relationship (spouse, son, etc.)

What is the type of area in which you live? City/town Suburban Rural

What type of home do you live in? Apartment Duplex Single Family Farm

Has the household changed since the dog was acquired? No Yes, please describe (such as addition of family member, addition of pet, move etc.): _____

How many times have you moved with this dog since acquiring him/her? _____

Where there previous owners of this dog?

No Yes, if so how many? _____ Reason for giving up dog? _____

Any areas off limits to your dog? _____

Where does your dog sleep? _____

Does your dog sleep all night long? _____

SOCIALIZATION HISTORY:

Describe typical interactions with any other dogs, people, and/or places at:
0-18 weeks:

Adolescent :

Current:

List **other animals** in the household, their species, breed, age sex and whether or not they are neutered, please indicate which of these animals were living in the house when this dog was acquired: (Include pets who have died within the last year)

Name	Species	Breed	Sex	Age	Age when obtained	Indoor or outdoor?

Describe any restrictions to dog's movements inside the house/kennel etc:

Describe **interactions between the animals** in the household:

Describe **interactions between the dog and family** members:

How does the dog **react to strangers?**

Behavior of the dog in the **veterinary office and during examination:**

Does the dog live primarily **inside or outside?**

% of time indoors _____ **% of time outdoors** _____

OBEDIENCE TRAINING

Have you done any training with your dog or had he/she done any before you adopted or acquired him?

Have you attended **obedience classes** with your dog?

Where did you do the training?

With what trainer?

Can you describe the basic approach you learned to train your dog?

How did your dog react during class?

Did you feel you got the results you were looking for?

Did your dog enjoy the training? (Explain)

Does your dog do the following willingly (check where appropriate):

- sit stay down heel crate trained come
- stand for grooming fetch walk on lead do tricks

Describe situations in which your dog is **less likely to obey** you:

Rewards: Does your dog work well for (check where appropriate)?

- food ball/frisbee/retrieve game no reward praise petting

What are your dogs favorite foods or treats?

What are your dogs favorite toys?

What are your dogs favorite activities?

DOG BEHAVIOR CHECKLIST

History of behavior issue :

What behavior is your dog exhibiting that would you like training/behavior consulting assistance ?

Can the dog be **interrupted** when engaged in the behavior?

How long is the **interval between** the behavior stopping and the beginning of the next occurrence?

Describe any **methods used** to stop the behavior and the dog's response to these methods:

Please give a **detailed description of the last time** this problem occurred:

Is anyone in your home fearful of your dog?

Duration of each incident:

Frequency of occurrence:

Is the dog **upset after incident**? Describe how.

Have there been any **changes** in the **pattern, frequency, intensity and/or length** of incidents from the time of onset to the present?

Are there any specific conditions, which seem to trigger the behavior?

Are there any specific **targets** of the behavior?

Describe the dog's **warning signal**, if appropriate: (Check all that apply)

- freeze hard eye avoid snarl growl stare tail position
- drool snap muzzle punch physically prepare
- other _____

Bite History: List # of: _____ fights _____ bites
_____ bite level (1-5 defined as 1 (snap) to 5 (medical attention) for each incident.

Describe **worst bite**:

INTERACTIVE BEHAVIOR

Does your dog **demand** to be **petted**?
If so how do you respond?

Does your dog ever seem **irritated** by or **resent petting**?

Does your dog **bark excessively**?

Does your dog **cower or run away if people talk loudly** or act boisterously?

Does your dog ever **urinate or roll** over on his/her back when **greeting you**?

Does your dog ever **urinate or roll** on his/her back when **greeting strangers**?

Does your dog **urinate or roll** on his/her back when greeting **strange dogs**?

Is your dog **comfortable in crowds**?

How does your dog act when **strangers come to the house**?

How does your dog act when he meets or passes **strangers away from the house**?

How does your dog act when he **meets strange dogs**?

1. When both are **on the leash**:

2. When both are **off leash**:

3. When he is **leashed and other dog is free**:

Is your dog frightened excessively by anything (check)?

thunderstorms flies gunshots

other / specify: _____

Does your **dog chase** (check)?

running child(ren) jogger bicyclist

cats or other furry animals cars

Does your dog **urinate/defecate in the house**?

RESOURCE GUARDING:

Please check the appropriate box if your dog **exhibits any** of the listed behaviors

Growl Lift _____ Lip _____ Snap Bite No _____
Aggressive _____ response _____ Not tried _____

at any time when you or any member of the family do the following:

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?

Does your dog have a Jeckyl and Hyde personality?

Do you consider your dog hyperactive?

CLIENT GOALS:

What would you like for your dog to do that isn't being done now?

What would you like to be able to do with you dog?

Please return at least 2 days prior to your appointment by fax, mail or email to:

Email: Julie@RescueMeDogTraining.com

Fax: 763-260-2935

Mail: Julie Farris, BA, CPDT-KA

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PO Box 1958

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