

Canine Pre-Consultation Behavior History

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Instructions: Fill out this form with as much detail as possible prior to your behavior consultation. Please return completed form to ocddoc@msn.com

Date: _____

Caregiver Name: _____

Title and pronouns: _____

Address (Street, City, State, Zip code): _____

Cell Phone: _____

Alternate Phone: _____

Email: _____

Caregiver Name: _____

Title and pronouns: _____

Address (Street, City, State, Zip code): _____

Cell Phone: _____

Alternate Phone: _____

Email: _____

Dog's Name: _____

Date of birth OR Age: _____

Breed: _____

Sex: M F

Neutered: Yes No If so, at what age? _____

Approximate Weight: _____ lb or kg

Referring Veterinarian: _____

Name of Veterinary Hospital: _____

If not referred by veterinarian, name of referring agent: _____

When was dog obtained?

Why was the dog obtained?

What was the source?

Shelter/Stray/Rescue Pet Store Private Breeder Other

How many previous owners did the dog have?

Primary behavior problem or chief complaint: (list in order of priority)

1. _____

2. _____

3. _____

Describe the people living in your household:

Name	Age	Time spent with dog	Dog's relationship with individual

What other animals are in the house or on the premises, and how does this pet interact with them? List in order of acquisition.

Name	Species / Breed	Age	Sex	Relationship

Where does the dog stay (free, crate, gated) ...

During the day while you are away:

At night:

When guests come:

How is the dog exercised? (Circle all that apply)

Fenced yard

Leash walk

Run free

What method of house-training was used? (Circle all that apply)

Crate confinement

Punishment

Puppy pads/papers

Kept outside

Confined to small area

Umbilical cord

Other _____

Age when completely housebroken _____

Does your dog ever eliminate in the house now? Yes No

If yes, how often? _____

Has your dog had any formal obedience training? Check all that apply and describe the training methods used.

Group puppy class: _____

Private training sessions: _____

Agility classes: _____

Specialized training (hunting, herding, tracking, nose work)

Name(s) of local trainers or facilities used:

Which of the following training tools have you used? (Circle tools used)

Head collar (Gentle Leader, Halti, Snoot Loop, Behave)

Front lead harness (Sensation, Easy Walk, Freedom harness)

Chain or leather choke collar

Metal pinch (prong) collar

Shock (electronic) collar

Clicker

Muzzle (cloth, leather, basket)

Mark the commands that your dog knows and how well it obeys each.

Sit: Good Fair Poor

Stay: Good Fair Poor

Come: Good Fair Poor

Place: Good Fair Poor

Touch: Good Fair Poor

Watch: Good Fair Poor

What food is your dog fed? _____

Are you able to take the food away? Yes No

What are your dog's favorite treats?

Pertinent medical history:

List all current medications (including parasite preventives and supplements):

Mark all of the following that apply to your dog:

- Aggressive to the veterinarian
- Aggressively guards food, toys, or objects
- Aggressively guards property (house, car, kennel)
- Excessively reactive to doorbells, knocking, activities at the door
- Aggressive to children (barks, growls, lunges, nips, bites)
- Aggressive to other dogs in the household
- Aggressive to other dogs outside the household
- Aggressive to other small animals (cats, birds, etc)
- Aggressive (pulling, barking, reactive) on leash walks
- Protective, afraid, or aggressive if reach for dog's head
- Urinates or defecates in the house
- Destroys property
- Afraid of loud noises: which ones? _____
- Barks excessively
- Seems constantly anxious
- Licks or chews coat excessively
- Overly timid
- Wanders aimlessly, seems lost or confused
- Lacks basic obedience
- Jumps on people
- Solicits attention constantly