

## Canine Pre-Consultation Behavior History

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**Instructions:** Fill out this form with as much detail as possible and return at least 24-hours prior to your behavior consultation. **Please email completed form to [ocddoc@msn.com](mailto: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:

Breed:

Sex: M F

Neutered: Yes No If so, at what age?

Date of birth OR Age:

Approximate Weight in pounds:

Referring Veterinarian:

Name of Veterinary Hospital:

If not referred by veterinarian, name of referring agent:

When was 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 (adult or age if child)	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:

Does your dog go to daycare?

How often:

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 or confined to small area

Punishment: please describe

Puppy pads/papers

Kept outside

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 (remote or bark-activated)
- vibration or citronella collar
- Clicker
- Muzzle (cloth, leather, basket)

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

- |                                 |      |      |      |
|---------------------------------|------|------|------|
| <input type="checkbox"/> Sit:   | Good | Fair | Poor |
| <input type="checkbox"/> Stay:  | Good | Fair | Poor |
| <input type="checkbox"/> Come:  | Good | Fair | Poor |
| <input type="checkbox"/> Place: | Good | Fair | Poor |
| <input type="checkbox"/> Touch: | Good | Fair | Poor |
| <input type="checkbox"/> 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:**

Please ask your veterinarian to email records to us (including medications prescribed and recent laboratory test and diagnostic results)

### **List all PAST behavior medications (with DOSAGES)**

### **List all current medications with DOSAGES**

(including parasite preventives and supplements):

Mark all apply to your dog:

- Aggressive to the veterinarian or groomer
- Aggressively guards food, treats, toys, beds, or objects
- Aggressively guards property (house, car, yard, kennel)
- Excessively reactive to doorbells, knocking, activities at the door
- Aggressive to children (barks, growls, lunges, nips, bites)
- Aggressive to other dogs that live 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: at what?

- Seems constantly anxious
- Licks or chews coat or paws excessively
- Overly timid
- Wanders aimlessly, seems lost or confused
- Lacks basic obedience
- Jumps on people
- Solicits attention constantly