

Dog Gone Behavior's Client Information Form

Today's Date _____ / _____ / _____

Please answer the questions that follow as thoroughly as possible. All answers are confidential and will help us to serve you better.

Owner's Name: _____

Dog's Name: _____ Male/Female: _____

Breed/Mix: _____ D.O.B. or Age: _____

Weight: _____ Color/unique markings: _____

Male/ Female Intact Neutered/Spayed

If spayed/neutered, at what age? _____

If spayed/neutered due to a behavioral problem, explain?

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Occupation: _____

Email: _____

House Townhome Apartment Other _____

Fenced yard? Yes/ No Invisible fence? Yes/ No

How did you hear about me? Veterinarian, Former Client, Internet, Advertisement, Breeder, Rescue/Shelter, Pet-related Business, Business Card, Other: _____

Name of referring individual, organization or publication: _____

Where did you obtain your dog? Breeder, Individual, Shelter, Rescue Group, Pet Store, Friend/Relative, Found stray Other: _____

How long have you had your dog? _____ Were there previous owners? _____

If yes, why was the dog given up? _____

Type of ID Microchip Rabies/License Tag/Name Tag

Other: _____

Why did you get your dog? Please check all that apply:

Companionship For the kids For protection To breed Received as gift

Companion for other dog Sports/Work (eg., competition obedience, agility, hunting)

Assistance/Service dog/Therapy dog/Emotional Support dog

Other: _____

Have you owned other dogs in the past? Yes No

If yes, what breed?

List any physical/breed characteristics that contributed to your choice for your current dog:

MEDICAL:

Veterinarian's Name: _____ City: _____

Month/Year of last visit: _____ / _____ Reason: _____

Date last vaccinated: _____ / _____ Vaccine(s) given: _____

Current health problems/Medications: _____

Past medical conditions/Treatment: _____

Does your dog have any allergies, including food allergies? _____

Is your dog easily handled by the vet staff? Yes/No has he/she ever had to be muzzled? Yes/No

Is your dog on heartworm preventative? Yes/No Brand: _____

Is your dog on flea and/ or tick preventative? Yes/No Brand: _____

May I contact and discuss health and behavioral issues with your veterinarian? Yes/No

Signature: _____

If yes, please initial here _____

DIET AND ELIMINATION:

What type of food do you feed? (e.g., raw, dry kibble, canned): _____

How often? _____ How much? _____ At approximately what times? _____

Does your dog finish all food at meals? Yes No If not, how long is the food left down? _____

Does your dog receive other treats/chewies? Yes/No Frequency/type: _____

Please list 3 of your dog's favorite foods/treats: _____

Has your dog ever become possessive of his food or a treat? Yes/No

If yes, please describe in as much detail as possible: _____

Is your dog reliably housetrained? Yes No Mostly (infrequent accidents) Yes No Mostly

Is your dog crate trained? Yes No Paper/pad trained? Yes No

Litter box trained? Yes No

Do you have a dog door? Yes No

If not, how many times daily do you let your dog out (or take him on walks) to eliminate when you are at home? _____

How many times per day does your dog normally defecate? _____

EXERCISE:

What type of exercise does your dog get? (If not receiving any exercise at this time, note "none" and the reason.)

How long does the exercise last/how often is it provided? (For example, "a 15-minute walk three times daily," or "plays with neighbor's dog for an hour once a week.") _____

Who is normally responsible for exercising your dog? _____

If walks are provided, what type of collar and leash is being used? (Collar examples: "regular buckle collar," "head halter," "body harness," "pinch/prong collar," "choke chain." Leash examples: "6-foot nylon leash," "retractable leash.") _____

Does your dog ever become reactive toward other dogs or people on walks? Yes No If so, please describe: _____

List all people, including yourself, who live in your household: _____

Who will be primary for practicing, training, exercising, with the dog?

Does your dog "belong to" a particular household member (e.g., son) or everyone?

Do any household members dislike the dog, and if so, why? _____

Are any household members frightened of the dog, and if so, why? _____

Is the dog frightened of any household members, and if so, why? _____

ENVIRONMENT/LIFESTYLE:

Where is your dog kept when you are not at home? Indoors not confined, Indoors confined, in yard not confined, in yard confined to dog run, in yard tied out or chained other:

When you are at home, is your dog allowed in the house? Yes/No

Why is your dog not allowed indoors? Allergies, Cleanliness, Not potty trained, Destructive

Other: _____

If your dog is an outdoor dog, would you like him to eventually be able to be indoors? Yes/No

If indoors, is your dog ever confined (crated, penned) while you are home? Yes/No

How? _____

If so, how long is your dog confined on an average day? _____

Reason: _____

Where does your dog sleep at night? In a crate? Yes/No

How many hours per day is your pet without human companionship?

Do you have other pets? Yes No If so, what kind? breed, age, sex, neutered?

If your other pet is a dog or cat, how does your dog get along with the other pet?

Does your dog play with toys or play games? Yes/No

If so, what are his favorite toys/games? (These may be interactive games like tug or toys he plays with alone.) _____

Three things I like about my dog: _____

Three things I do not like about my dog: _____

What other activities does your dog enjoy? _____

TRAINING:

No training yet, Trained him ourselves, Puppy Group Basic Group, Inter. Group, Advanced Group, Private Lessons Sent to trainer

If group class, did you complete the course? Yes/No

Training methods used (check all that apply): Food, Treats, Praise, Verbal corrections, and Physical corrections

List organization name and/or trainer's name: _____

Circle the behaviors your dog knows. Then, next to each, estimate what percentage of the time he will do so when asked:

Sit _____ % Down _____ % Stay _____ % Come _____ % Walk nicely on leash _____
% Leave it _____ %

Give _____ % Wait _____ % Go to your place _____ % Quiet _____ % Off (furniture or when jumps up)
_____ %

Others (including tricks):

Check the behaviors that apply to your dog:

Aggressive (describe below) Fearful (describe below) Anxious when alone

Jumps on people Pulls on leash Destructive when alone

Mouthing/nipping Chews furniture/property Digs in yard

Urinates in house Urinates when excited Defecates in house

Steals food/objects/trash Darts outdoors/gates Escapes from yard

Guards food/toys/chewies/other Excessive attention-seeking Jumps on furniture

Play biting Stool consumption Understands but will not obey

Excessive vocalization when alone Excessive voc. when we're home Threatening/biting strangers

Threatening/biting family members Threatening/growling at other animals Other (describe below)

List any procedures/training equipment you've used to try to correct the behaviors checked on the previous page: _____

What would you like help with, in order of importance? _____

Has your dog ever bitten anyone? Yes No Any animal? Yes No

If so, please describe in as much detail as possible: _____

Has medical attention been necessary (for humans or animals) because of any aggressive incident?

Yes/No If yes, please explain: _____

What is your dog's usual reaction when a person he has not met before enters the home?

When was the last time a person unfamiliar to your dog entered the home?

Is there anything else you feel it would be important for me to know?

Thank you for taking the time to complete this questionnaire.