

# 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: \_\_\_\_\_

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

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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? \_\_\_\_\_

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

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

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**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?

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

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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? \_\_\_\_\_

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**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.*