



Pet's name : \_\_\_\_\_

6-34 Southridge Drive \* Okotoks, AB T1S 2G5 \* Ph (403)938-3791

## Canine Behaviour Consultation Form

Please fill out this form as completely and accurately as possible.  
The information you provide is important in diagnosing and treating your pet's behaviour problem.

### General Information

Date:	_____	Pet's Name:	_____
Name:	_____	Breed:	_____
Address	_____	Date of Birth:	_____
	_____	Sex:	_____
Postal Code:	_____	Weight:	_____
Home Phone:	_____	Colour:	_____
Work Phone:	_____		
Email:	_____		

### Client's veterinarian

Doctor:	_____	Pet's Name:	_____
Clinic:	_____	Breed:	_____
Address	_____	Date of Birth:	_____

### Behaviour Complaint

What is the main behaviour problem or complaint?

How often does the problem occur (amount of times daily, weekly or monthly)?

What age was your pet when the problem began?

When did it become a serious concern?



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In what general circumstances does the problem behaviour occur?

Has this problem changed in frequency or intensity? (please describe)

Has this problem changed since it first began?

Describe the most recent incident (date : \_\_\_\_\_)

Describe the second most recent incident (date : \_\_\_\_\_)

Describe the third most recent incident (date : \_\_\_\_\_)

Describe the first incident (date : \_\_\_\_\_)

Other significant incidents :



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What have you done to try to correct the problem?

List any techniques that have had any success :

List any techniques that have made the problem worse :

How do you discipline your dog when it misbehaves?

- |  |   |
|--|---|
| <input type="checkbox"/> Additional problems - Describe briefly if not | <input type="checkbox"/> Uncontrollable urination when frightened |
| <input type="checkbox"/> previously discussed                          | <input type="checkbox"/> Jumps up (owner)                         |
| <input type="checkbox"/> Destructive digging                           | <input type="checkbox"/> Bedwetting (while sleeping)              |
| <input type="checkbox"/> Roaming                                       | <input type="checkbox"/> Jumps up (guests)                        |
| <input type="checkbox"/> Destructive chewing                           | <input type="checkbox"/> Eats nonfood items                       |
| <input type="checkbox"/> Mounting                                      | <input type="checkbox"/> On furniture where not permitted         |
| <input type="checkbox"/> Barking                                       | <input type="checkbox"/> Licks objects                            |
| <input type="checkbox"/> Urine marking                                 | <input type="checkbox"/> In rooms where not permitted             |
| <input type="checkbox"/> Housesoiling (urine)                          | <input type="checkbox"/> Sleep disorders                          |
| <input type="checkbox"/> Tail biting                                   | <input type="checkbox"/> Pushy - wants own way                    |
| <input type="checkbox"/> Housesoiling (stool)                          | <input type="checkbox"/> Excitability                             |
| <input type="checkbox"/> Fly chasing                                   | <input type="checkbox"/> Only listens when feels like it          |
| <input type="checkbox"/> Stool eating                                  | <input type="checkbox"/> Overactive                               |
| <input type="checkbox"/> Uncontrollable urination when excited         | <input type="checkbox"/> Sexual habits – masturbation             |
| <input type="checkbox"/> Hunting/predation                             | <input type="checkbox"/> Phobias (thunder/cars etc)               |

Chews/licks self (If yes) Location : \_\_\_\_\_ Frequency : \_\_\_\_\_

Shyness/timidness – non-aggressive (ie ears back, cowering, tail tucked, shaking, retreating, hiding etc)  
Describe :

Additional problems (not listed) : \_\_\_\_\_



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**Family/Relationships**

Please list the people, including yourself, living in your household

Name	Age (if child)	Hours away from home / day

Describe how your dog gets along with each family member :

Please list all other animals in the house

Name	Species	Breed	Sex	Age obtained	Age now

What is your dog's relationship with other animals (please describe) :

What type of area do you live in? (city, suburb, rural, etc) \_\_\_\_\_

What type of house do you live in? (house, duplex, apartment, townhouse, etc) \_\_\_\_\_

Have you moved since obtaining your dog? \_\_\_\_\_ Number of times: \_\_\_\_\_

Has your household changed since obtaining your dog? \_\_\_\_\_ If yes, please describe:



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**Dog's Information**

Why did you obtain your dog?

Why did you choose this breed?

Where did you get this dog? \_\_\_\_\_

Have you owned dogs before? \_\_\_\_\_ Why did you choose this dog over the others?

If known : how many littermates? Male: \_\_\_\_\_ Female: \_\_\_\_\_

Describe your dog's behaviour as a puppy:

Did you meet the parents? \_\_\_\_\_ Describe their behaviour :

Has your dog had any other owners? \_\_\_\_\_ How many? \_\_\_\_\_ Why was the dog given up?

How old was your dog when it was neutered? \_\_\_\_\_ Why was this done?

If intact, has he/she ever been bred? \_\_\_\_\_ Do you plan to breed your dog? \_\_\_\_\_

If female, did she have any heat cycles before neutering? \_\_\_\_\_ Age of first heat? \_\_\_\_\_

Any abnormal heat cycles? \_\_\_\_\_ When was her last heat? \_\_\_\_\_



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**Food**

Brand of food fed : \_\_\_\_\_

When fed? \_\_\_\_\_

How much do you feed? \_\_\_\_\_

Who feeds the dog? \_\_\_\_\_

Where fed? \_\_\_\_\_

What is your dog's favorite treat(s)?

**Environment**

Amount and frequency of exercise :

Who exercises? \_\_\_\_\_

Type of exercise? \_\_\_\_\_

Amount and frequency of play? \_\_\_\_\_

Who plays? \_\_\_\_\_

Type of play? \_\_\_\_\_

Is your dog housetrained? \_\_\_\_\_

How was the dog housetrained?

Describe a typical 24 hour day in your dog's life (morning – day – evening – night) :

How does the dog behave with **familiar** visitors (children and/or adults)?

How does the dog behave with **unfamiliar** visitors (children and/or adults)?



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Where is your dog when you have guests? \_\_\_\_\_

How long is the dog home alone each day? Weekdays: \_\_\_\_\_ Week-ends: \_\_\_\_\_

Dog's reaction when left alone?

Reaction prior to departure?

Reaction at homecoming?

**Training**

Describe any obedience training (ie group classes, private classes etc) :

At what age did classes begin? \_\_\_\_\_ Who took the dog to training? \_\_\_\_\_

Command knowledge (Check one X per row)

	Perfect	Okay	Needs Work	Doesn't Know
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Come	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drop it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In what locations/situations are commands most successful?

In what locations/situations are commands least successful?



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Pet's name : \_\_\_\_\_

What family member(s) have most control? \_\_\_\_\_

What family member(s) have least control? \_\_\_\_\_

Have you ever used a head halter (Halti, Gentle Leader) for training? \_\_\_\_\_

If yes, which type of head halter was/is used? \_\_\_\_\_ Dog's response?

Does your dog know any tricks? \_\_\_\_\_

Describe :

What is your dog's activity level in general: low average high excessive

**Medical History**

Was there an illness or health problem when the behaviour problem started?

Is your dog any medication now (pharmaceutical or alternative ie homeopathic)?

Has your dog been on medication in the past?





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**Aggression Screen**

Please check any of the boxes next to behaviours your dog exhibits towards people:

- Attacks are sudden and surprising
- Episodes appear unprovoked
- The dog is abruptly docile after an episode
- The dog appears "sorry" afterwards
- The dog appears disoriented afterward
- The dog appears anxious before the episode
- The dog appears anxious after the episode
- Episodes are associated with a "glazed" or absent look
- The aggressive behaviour is new and uncharacteristic
  
- I can usually tell what will set my dog off

How old was your dog the first time he/she growled at a person? \_\_\_\_\_

How old was your dog the first time he/she snapped or bit a person? \_\_\_\_\_

Has your dog ever bitten hard enough to break the skin or cause injury? \_\_\_\_\_

If yes, please describe :

What parts of the body has the dog bitten and how severe were the injuries?

List any types of people (children, delivery people) to whom your dog is aggressive :

Is your dog aggressive to family members? \_\_\_\_\_ If yes, who? Describe :



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Describe any other situations where your dog barks threateningly :

Describe any other situations where your dog growls :

When your dog is aggressive, what is your response?

Does your dog act fearful at the time of aggression (cowering, ears back, tail tucked, hackles raised, retreating, hiding)? \_\_\_\_\_

Describe a typical situation (including body language) :

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Does your dog ever threaten or act aggressive in any of the following situations? (Check all that apply)

	growl	snarl / bare	snap / bite	not appl.	no rxn
Pet dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hug dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call off furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pull/push off furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approach when sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approach while eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Touch while eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking dog food away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking toys/objects away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approach while has toy/object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approach while dog near spouse / partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person entering or leaving room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending over animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staring at animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching towards animal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbally punish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically punish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nail trimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leash restraint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collar restraint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scruff restraint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to obedience commands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At veterinary clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to toddlers/babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar adult entering yard or house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar child entering yard or house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familiar adult entering yard or house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familiar child entering yard or house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People walking by when dog in car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stranger (child or adult) approaching owner, dog on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stranger (child or adult) approaching owner, dog off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog in house, sees people outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to other dogs, while on leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to other dogs, while not on leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Please rate your concern about your dog's behaviour problem

Check one:

- I do not feel the problem is serious but I would like to change it.
- I feel the problem is serious, I would like to change it but if it remains unchanged I will keep my dog.
- I feel the problem is very serious, I would like to change it but if it remains unchanged I will either euthanize the dog or give it up.

Any other fact you think we need to know :