



**OWNER INFORMATION**

<b>Name:</b>						
<b>Address:</b>						
<b>City:</b>				<b>Zip:</b>		
<b>Primary Phone:</b>			<b>Alternate Phone:</b>			
<b>Email:</b>				<b>Senior (65+)?</b>	Y <input type="checkbox"/>	N <input type="checkbox"/>
<b>How did you find out about our Behavior Services?</b>						

**HOUSEHOLD INFORMATION**

<b># of Adults:</b>		<b># of children:</b>		<b>Ages of children:</b>	
<b># of cats:</b>		<b>Ages of cats:</b>			

**DOG INFORMATION**

<b>Dog 1 – Name:</b>		<b>Sex:</b>		<b>Age:</b>		<b>Age when obtained:</b>	
<b>Breed:</b>						<b>Altered?</b>	Y <input type="checkbox"/> N <input type="checkbox"/>
<b>Obtained from:</b>			<b>If adopted, animal ID:</b>				

<b>Dog 2 – Name:</b>		<b>Sex:</b>		<b>Age:</b>		<b>Age when obtained:</b>	
<b>Breed:</b>						<b>Altered?</b>	Y <input type="checkbox"/> N <input type="checkbox"/>
<b>Obtained from:</b>			<b>If SSPCA adopted, animal ID:</b>				

<b>Dog 3 – Name:</b>		<b>Sex:</b>		<b>Age:</b>		<b>Age when obtained:</b>	
<b>Breed:</b>						<b>Altered?</b>	Y <input type="checkbox"/> N <input type="checkbox"/>
<b>Obtained from:</b>			<b>If SSPCA adopted, animal ID:</b>				

Dog 4 – Name:		Sex:		Age:		Age when obtained:	
Breed:						Altered?	Y <input type="checkbox"/> N <input type="checkbox"/>
Obtained from:		If adopted, animal ID:					

*Please describe your dog's primary behavior issue in detail. (If you reach the end of the input box, continue typing and the box will expand. If you're filling this out by hand, use the back or attach extra pages.) Include the following information:*

- *How frequently your dog exhibits this behavior*
- *What seems to trigger this behavior*
- *Specific incidents of this behavior, including dog's exact actions and body language during the incidents*

<b>When did this behavior start?</b>	
<b>Do you know of any event or incident that might have caused this behavior to start?</b>	
<b>Since it started, has the behavior been:</b>	<input type="checkbox"/> Getting worse <input type="checkbox"/> Getting better <input type="checkbox"/> Staying the same <input type="checkbox"/> Sometimes worse, sometimes better

***What have you tried, so far, to correct the behaviors?***

- Shouting
- Swatting
- Other physical correction (pinned, scruff shake, collar correction, laid dog on his/her side, etc)  
Describe:
- Refocus dog to something else  
Describe:
- Removed from area
- Ignored
- Used equipment to correct behavior (water bottle, choke collar, prong collar, shock collar, etc).  
Describe equipment and how used:
- Other  
Describe:

***What was the dog's response to these corrective measures?***

- Submissive body posture (cowering, crouching)
- Runs away / tries to escape
- Barks or otherwise vocalizes  
Describe:
- Lunges, growls, or snaps at the person administering the correction  
Describe:
- Bites  
How many times?  
Damage done:  Red mark on skin  Bruising  Bleeding  
 Punctured skin – how many punctures?
- Doesn't seem bothered / affected
- Other  
Describe:

## DOG INFORMATION

Please answer the following questions for the dog that has the behavior issue.

### FEEDING

How often do you feed your dog?			
<input type="checkbox"/> Once a day	<input type="checkbox"/> Twice a day	<input type="checkbox"/> Free feeding	<input type="checkbox"/> Other – Describe:
What do you feed your dog?			
<input type="checkbox"/> Moist food	Brand(s):		
<input type="checkbox"/> Dry food	Brand(s):		
<input type="checkbox"/> Raw food	Brand(s):		
<input type="checkbox"/> Homecooked /scraps	Describe:		

### EXERCISE

How do you exercise this dog?			
Type of exercise	Times/week	Minutes each time	Total hrs/week
<input type="checkbox"/> Walks			
<input type="checkbox"/> Jogging / running			
<input type="checkbox"/> Biking w/dog			
<input type="checkbox"/> Playing games w/dog			
<input type="checkbox"/> Dog Park / play with other dogs			
<input type="checkbox"/> Swimming			
<input type="checkbox"/> Fetch			
<input type="checkbox"/> Tug of War			
<input type="checkbox"/> Chase / wrestle			
<input type="checkbox"/> Training exercises (agility, tracking, etc)			

### TYPICAL DAY

How many hours a day does your dog spend: (These numbers can overlap)	In the house	Confined How confined?
	In the garage	
	In the yard	
	Left alone	
When indoors, does your dog have free run of the house?		
Where does your dog sleep at night?		
Where is your dog when you're at home?	<input type="checkbox"/> Always with you <input type="checkbox"/> Follows you room to room <input type="checkbox"/> Chooses to stay in another room alone <input type="checkbox"/> Kept outside	<input type="checkbox"/> Other Describe:

**TRAINING**

What type of training has your dog had?	<input type="checkbox"/> Group training class <input type="checkbox"/> Private training
With whom?	
When?	
What will your dog do (or stop doing) when asked? Examples: sit, down, off, come, wait, no, quiet, shake hands, etc.	
Have you had prior behavior consultations?	
With whom?	
What did you work on / receive help for?	

**OTHER DOG INFORMATION**

When does your dog bark?	<input type="checkbox"/> On walks – at what? <input type="checkbox"/> In yard – at what? <input type="checkbox"/> In the house – at what? <input type="checkbox"/> Noises / sounds – which ones?	
What is your dog afraid of?		
Is your dog overprotective of any of the following?	<input type="checkbox"/> Food bowls <input type="checkbox"/> Toys <input type="checkbox"/> Chews	<input type="checkbox"/> Resting place / bed / crate <input type="checkbox"/> You or other family members / pets
If so, what does he protect them from?	<input type="checkbox"/> Familiar people <input type="checkbox"/> Unfamiliar people	<input type="checkbox"/> Other household dogs <input type="checkbox"/> Unfamiliar dogs / other animals
What does his protective behavior look like?	<input type="checkbox"/> Freezes / stares <input type="checkbox"/> Growls <input type="checkbox"/> Snaps <input type="checkbox"/> Lunges	<input type="checkbox"/> Bites <input type="checkbox"/> Other Describe:
List three or more activities your dog particularly enjoys		
Please check all the words that you think describe your dog's personality.	<input type="checkbox"/> Calm <input type="checkbox"/> Timid / Shy <input type="checkbox"/> Reserved <input type="checkbox"/> Independent <input type="checkbox"/> Excitable <input type="checkbox"/> High Energy <input type="checkbox"/> Sensitive	<input type="checkbox"/> Nervous / Anxious <input type="checkbox"/> Low Energy <input type="checkbox"/> Outgoing <input type="checkbox"/> Clinging <input type="checkbox"/> Playful <input type="checkbox"/> Confident <input type="checkbox"/> Affectionate