

**Behavior Service  
University of California  
Veterinary Medical Teaching Hospital  
One Shields Avenue  
Davis, CA 95616-8747  
Ph: 530-752-1393/ Fax: 530-752-7616**

**Owner Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

**Veterinarian Information:**

Clinic Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who referred you to the Behavior Service? \_\_\_\_\_

**Patient Information:**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of Birth/Age \_\_\_\_\_ Weight \_\_\_\_\_ Color \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Neutered/Spayed: Yes \_\_\_\_\_ No \_\_\_\_\_

**Rabies Vaccination Status:**

Date of last Rabies vaccination: \_\_\_\_\_  1 Year  3 Year

**Household Information:**

People living in household:

Name	Age	Relationship (e.g. spouse, son, daughter, roommate, etc.)

Other people in regular contact with pet (e.g. pet sitters, housekeepers, relatives, friends, etc.):

Name	Age	Relationship (e.g. pet sitters, friend, grandchild, etc.)

**Type of house:** Single Family Detached\_\_\_ Apartment\_\_\_ Attached/townhouse\_\_\_\_\_  
 Mobile home\_\_\_\_\_ Other\_\_\_\_\_

**Neighborhood:** Urban\_\_\_ Suburban\_\_\_ Rural\_\_\_  
 Do you have a yard? Yes \_\_\_ No \_\_\_ If yes, how big is the yard? \_\_\_\_\_  
 Is the yard fenced? Yes \_\_\_ No \_\_\_ If Yes, height of fence \_\_\_\_\_ (ft)  
 Type of fence: Wooden slats\_\_\_\_\_ Solid\_\_\_\_\_ Wrought iron\_\_\_\_\_ Chain Link\_\_\_\_\_  
 Other\_\_\_\_\_

Other pets in household (in order came into household):

Name	Species (e.g. dog, cat) & Breed (e.g., Golden Retriever, Manx)	Male/Female Spayed/Neutered	Age Now	Age when obtained

**Acquisition Information:**

How old was this dog when acquired? \_\_\_\_\_

Where did you obtain this dog? Performance breeder (show, hunting, agility, etc.) \_\_\_\_\_

Hobby breeder \_\_\_\_\_ Private home/previous owner \_\_\_\_\_

Shelter/rescue organization \_\_\_\_\_ Pet store \_\_\_\_\_ Other \_\_\_\_\_

Behavior of dog's parents/littermates (if known):

Describe previous home(s) (if known):

Why did you acquire this dog? (check all that apply):

Adult's pet \_\_\_\_\_ Family pet \_\_\_\_\_ Children's pet \_\_\_\_\_ Companion to other pet \_\_\_\_\_

Protection \_\_\_\_\_ Performance (show, hunting, agility, etc.) \_\_\_\_\_ Breeding \_\_\_\_\_

Other \_\_\_\_\_

**Neutering Information:**

Is this dog Neutered/Spayed: Yes \_\_\_\_\_ No \_\_\_\_\_

If YES: At what age? \_\_\_\_\_

If not neutered, reasons for not neutering (check all that apply):

Show dog \_\_\_\_\_ Plan to breed \_\_\_\_\_ Health concerns \_\_\_\_\_

Other \_\_\_\_\_

**Medical History:**

List any major illnesses/surgeries (dates):

List ALL medications/treatments your dog is currently receiving, including heartworm, flea preventative, dietary supplements, herbal/homeopathic treatments:

Name of medication	Dosage/frequency given	Date started medication

**Daily Activities and Routine:**

**Feeding:**

When and where is the dog fed? \_\_\_\_\_

Who feeds? \_\_\_\_\_

Types of food: Dry \_\_\_\_\_ (BRAND) \_\_\_\_\_ % of diet  
 Canned \_\_\_\_\_ (BRAND) \_\_\_\_\_ % of diet  
 Raw \_\_\_\_\_ % of diet  
 People food \_\_\_\_\_ % of diet  
 Treats \_\_\_\_\_ % of diet

**Eating habits** (check all that apply):

Eats right away \_\_\_\_\_ Picky eater \_\_\_\_\_ Anxious eater \_\_\_\_\_ Guards food from people \_\_\_\_\_

Guards food from dogs \_\_\_\_\_ Other \_\_\_\_\_

**Sleeping:**

Where does your dog sleep at night? \_\_\_\_\_

If disturbed while sleeping what is your dog's reaction (check all that apply)?

Happy \_\_\_\_\_ Startled \_\_\_\_\_ Growls \_\_\_\_\_ Barks \_\_\_\_\_ Bites \_\_\_\_\_ Scared \_\_\_\_\_ Grumpy \_\_\_\_\_ Playful \_\_\_\_\_

Other \_\_\_\_\_

**Exercise:**

Leash walks: Does your dog get regular leash walks? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, why? Doesn't walk well (pulls) on leash \_\_\_\_\_ Aggressive on walks \_\_\_\_\_  
Don't have the time \_\_\_\_\_ Medical reasons \_\_\_\_\_ Other \_\_\_\_\_

If YES, who takes the dog for leash walks? \_\_\_\_\_

How often \_\_\_\_\_ How long are the walks \_\_\_\_\_

Location (e.g. around neighborhood, in town, in park) \_\_\_\_\_

What do you use to walk the dog (check all that apply): Flat buckle collar \_\_\_\_\_ Body Harness \_\_\_\_\_

Head collar (Halti, Gentle Leader) \_\_\_\_\_ Training/choke collar \_\_\_\_\_ Prong collar \_\_\_\_\_

Retractable leash \_\_\_\_\_ Long leash (6ft + ) \_\_\_\_\_ Average leash (4-6ft) \_\_\_\_\_

Short leash (4ft or less) \_\_\_\_\_ Other \_\_\_\_\_

How is your dog on leash: Excellent (never pulls, pays attention to me) \_\_\_\_\_ Good (rarely pulls) \_\_\_\_\_

Fair (pulls but I'm able to control) \_\_\_\_\_ Poor (pulls a lot, difficult to control) \_\_\_\_\_

Bad (pulls, I don't enjoy the walks) \_\_\_\_\_

Off-leash Exercise: Does your dog get off-leash exercise? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, who takes the dog for off-leash exercise? \_\_\_\_\_

How often \_\_\_\_\_ For how long \_\_\_\_\_

Locations (e.g. trails, dog parks, beaches) \_\_\_\_\_

**Living Spaces/Being Left Alone:**

Where does your dog spend the most time when people **are home**:

Loose in house \_\_\_\_\_ (with access to outside \_\_\_\_\_) Confined (e.g. with gates) to part of the

house \_\_\_\_\_ (with access to outside \_\_\_\_\_) Inside in a crate or pen \_\_\_\_\_ Loose in the yard \_\_\_\_\_

Outside in a kennel or pen \_\_\_\_\_ Other \_\_\_\_\_

Where does your dog spend the most time when people **are not home**?

Loose in house \_\_\_\_\_ (with access to outside \_\_\_\_\_) Confined (e.g. with gates) to part of the

house \_\_\_\_\_ (with access to outside \_\_\_\_\_) Inside in a crate or pen \_\_\_\_\_ Loose in the yard \_\_\_\_\_

Outside in a kennel or pen \_\_\_\_\_ Other \_\_\_\_\_

How long is your dog left alone on an average day? \_\_\_\_\_

When is your dog left alone (e.g. 8:00am-5:00pm)? \_\_\_\_\_

What is your dog's reaction to being left alone (check all that apply):

Calm \_\_\_\_\_ Depressed \_\_\_\_\_ Barks \_\_\_\_\_ Cries/howls \_\_\_\_\_ Urinates/defecates \_\_\_\_\_ Escapes \_\_\_\_\_

Destructive \_\_\_\_\_ Anxious \_\_\_\_\_ Excited \_\_\_\_\_ Aggressive \_\_\_\_\_

Describe a typical 24 hour day in your dog's life, starting with when and where the dog wakes up in the morning. Include feeding, exercise and play times. If behavior problems occur at particular times of the day include that information.

**Training:**

Has your dog had any training? No \_\_\_\_\_ Trained Ourselves \_\_ Classes/Met with Trainer \_\_\_\_\_

List type of classes, at what ages, and names of trainers:

Puppy classes \_\_\_\_\_

Group classes \_\_\_\_\_

Private lessons \_\_\_\_\_

Board & train \_\_\_\_\_

Other \_\_\_\_\_

What training techniques or tools have you used (all that apply): Training collar (choke) \_\_\_\_\_

Food rewards \_\_\_\_\_ Verbal Praise \_\_\_\_\_ Play/toys \_\_\_\_\_ Prong collar \_\_\_\_\_

Remote collar (citronella, shock, vibration) \_\_\_\_\_ Bark collars (shock, vibration, citronella) \_\_\_\_\_

Other \_\_\_\_\_

Who in the household trained the dog? \_\_\_\_\_

What commands does your dog know? \_\_\_\_\_

\_\_\_\_\_

Did your dog enjoy training? \_\_\_\_\_

How well does your dog obey commands **without** distractions:

Very well \_\_\_\_\_ Well \_\_\_\_\_ Fairly Well \_\_\_\_\_ Poorly \_\_\_\_\_ Does not follow commands \_\_\_\_\_

How well does your dog obey commands **with** distractions:

Very well \_\_\_\_\_ Well \_\_\_\_\_ Fairly Well \_\_\_\_\_ Poorly \_\_\_\_\_ Does not follow commands \_\_\_\_\_

## Behavior Screens:

Does your dog engage in the following behaviors at least weekly?:

	No	When owner present (times/week)	When owner gone (times/week)	Don't know
Housoiling		( )	( )	
Excessive barking/whining		( )	( )	
Destructive chewing		( )	( )	
Digging		( )	( )	
Self licking/chewing		( )	( )	
Pacing/repetitive behavior		( )	( )	
Consuming non-food objects		( )	( )	
Circling/chasing tail/freezing		( )	( )	

How does dog react to the following?	Happy	Neutral	Fear/ Anxiety/ Submits	Snarl	Bark/ Growl	Snap/ Bite	Don't Know/ Don't Do
Unfamiliar people at door							
Unfamiliar people in home							
Unfamiliar people, neutral territory, on leash							
--same, off leash							
--same, approaching/trying to pet							
Children on bicycles, roller blades							
Joggers (adult)							
Cars/trucks going by, on leash							
Babies							
Children							
Unfamiliar dogs, on leash							
Unfamiliar dogs, off leash							
Squirrels/cats/small animals approaching dog							
Person passing when dog in yard							
Dog passing when dog is yard							

How does your dog react to the following?	Happy	Neutral	Fear/ Anxiety/ Submits	Snarl	Bark/ Growl	Snap/ Bite	Don't Know/ Don't Do
Veterinary visits							
Owners leaving							
Owners returning							
Car rides							
Stranger approaching car							
Thunder							
Loud noises							
Roughhousing							
How does dog react when a <b>family member</b> does the following?	Happy	Neutral	Fear/ Anxiety/ Submits	Snarl	Bark/ Growl	Snap/ Bite	Don't Know/ Don't Do
Walk by food while dog eats regular dog food							
Take food dish while dog eats							
Walk by food while dog eats delicious food							
Take away non-edible toy							
Take away bone, rawhide							
Take away stolen non-food item (e.g. socks)							
Take away stolen food item (including dirty tissues, paper towels)							
Reach for dropped food at same time as dog							
Reach over head/pet on top of head							
Pet on other parts of body							
Brush							
Bathe							
Pick dog up							
Put on/take off collar							
Put on/take off leash							
Disturb while sleeping							
Move while on furniture							
Approach the dog when it's sitting with a favorite person							
Hold back when excited (e.g. from running out door) NOT WHEN AGGRESSIVE							
Hold back when aggressive (e.g. barking at another dog)							

How does dog react to a <b>family member</b> doing the following?	Happy	Neutral	Fear/ Anxiety/ Submits	Snarl	Bark/ Growl	Snap/ Bite	Don't Know/ Don't Do
Verbal reprimand							
Leash correction							
Physical reprimand							
Staring at dog							
How does dog react to a <b>dog in the household?</b>	Happy	Neutral	Fear/ Anxiety/ Submits	Snarl	Bark/ Growl	Snap/ Bite	Don't Know/ Don't Do
Around regular food							
Around rawhides							
Around treats							
Around toys							
Around favorite people							
While on walks together							
During play							

Has your dog ever bitten a person? No\_\_\_\_\_Yes\_\_\_\_

If yes, describe the victim(s): age, gender, and actions (e.g. 10 year old boy waving stick). Continue on additional pages if needed

How bad was the worst bite your dog gave to a person (check all that apply):

Made contact but didn't leave a mark\_\_\_\_\_ Small red mark\_\_\_\_\_ Bruised, didn't break skin\_\_\_\_\_

Broke skin, minor scrape\_\_\_\_\_ Broke skin, punctures\_\_\_\_\_ Multiple punctures\_\_\_\_\_

Punctures and tore flesh\_\_\_\_\_ Multiple bites at one time\_\_\_\_ Required emergency treatment

(describe) \_\_\_\_\_

Have any bites been reported to Animal Control or other authorities? No\_\_\_\_\_Yes\_\_\_\_\_

Comments:

Have any victims threatened/taken legal action because of an aggressive incident? N\_\_\_\_\_ Y\_\_\_\_\_

If yes, describe incident:

**Primary Behavior Problem:**

What is the main behavior problem you wish to address at this appointment?

Describe **the very first** incident of this problem. Try to remember the earliest occurrence of the problem, even if it wasn't as serious as it is now. For instance, if your dog is aggressive to people, describe the first time she growled or barked at someone. Or if your dog has problems being left home alone, describe the first time he whined and cried when you left.

Include where the incident occurred, who else (human and animal) was present, what happened just before the incident, how everyone reacted.

Date of event \_\_\_\_\_ Dog's age \_\_\_\_\_ (Approximate date/age is o.k.)

Describe per instructions above **the most recent** incident

Date of event \_\_\_\_\_ Dog's age \_\_\_\_\_

Describe per instructions above **at least one other incident** you feel illustrates the problem behavior (if you would like to describe other incidents please do so on a separate page)

Date of event \_\_\_\_\_ Dog's age \_\_\_\_\_

If you noticed any changes in your dog's body language or facial expression before, during or after the incidents please describe.

What would you like to see as an outcome for your upcoming appointment?

**Frequency:**

How frequently does this problem occur?

>10 times/day\_\_\_\_\_ 1-10 times/day\_\_\_\_\_ 1-6 times/week\_\_\_\_\_ <1x/week\_\_\_\_\_ <1time/month\_\_\_\_\_

Is the frequency... Increasing\_\_\_\_\_ Decreasing\_\_\_\_\_ Unchanged\_\_\_\_\_

What percent of time that your dog is in a potentially problematic situation does the problem behavior occur?:

<25%\_\_\_\_\_ 25-50%\_\_\_\_\_ 51-75%\_\_\_\_\_ 76-100%\_\_\_\_\_

Describe what you've tried to correct the problem and what the dog's response has been to each attempt.

How serious do you and other members of the household find this problem:

Name\_\_\_\_\_ Mild\_\_\_\_\_ Moderate\_\_\_\_\_ Severe\_\_\_\_\_ Intolerable\_\_\_\_\_

Name\_\_\_\_\_ Mild\_\_\_\_\_ Moderate\_\_\_\_\_ Severe\_\_\_\_\_ Intolerable\_\_\_\_\_

Name\_\_\_\_\_ Mild\_\_\_\_\_ Moderate\_\_\_\_\_ Severe\_\_\_\_\_ Intolerable\_\_\_\_\_

Has anyone suggested you rehome this dog? Y\_\_\_ N\_\_\_

Has anyone suggested you euthanize this dog? Y\_\_\_ N\_\_\_

Have you or a household member considered rehoming this dog? Y\_\_\_ N\_\_\_

Have you a household member considered euthanizing this dog? Y\_\_\_ N\_\_\_

List other problem behaviors in order of importance to you. Due to the intense focus on your dog's main problem, there may be limited opportunity to address these at the initial appointment.

**LIABILITY:**

- As the representing owner, agent or handler for the individuals who will be working with the pet(s) indicated below, I understand that behavior therapies recommended by the UC Davis Behavior Service may involve some level of risk to the pet(s) and/or the handlers, or other people or property in spite of our best efforts to minimize them.
- I will use my own judgment and common sense when following the recommendations to not place people, pets and property at undue risk.
- Furthermore, I realize that the clinicians, UC Behavior Service and its agents cannot guarantee that a pet will not be aggressive or cause injury to people or property in the future and that the pet's owner(s) and handler(s) continue to assume all liability for any future aggression.
- By signing below, I am freely assuming these risks and do not hold UC Behavior Service, University of California, or its clinicians, students, agents, employees, or owners/agents for facility used to see cases liable for any injury which may occur to handlers, pet, other people, other animals or property while using their training and medication treatment recommendations.

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

I, \_\_\_\_\_ have read the policies and procedures put forth above and understand them fully. I agree to adhere to these policies as a client of UC Behavior Service.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_