



**EVERGREEN**  
Veterinary Hospital

## CANINE BEHAVIOR HISTORY FORM

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

### Background Information:

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: *M F Spayed Neutered*

Age spayed or neutered, if known: \_\_\_\_\_ Age of pet when you adopted him/her: \_\_\_\_\_

How long have you had your pet? \_\_\_\_\_ Is your pet: *Indoor only Indoor/Outdoor*

Where did you acquire this pet? Did s/he have previous owners? \_\_\_\_\_

If surrendered by previous owners, what was the cause? \_\_\_\_\_

If applicable, please describe your cat's behavior and litterbox training) as a kitten. \_\_\_\_\_

\_\_\_\_\_

What health problems, if any, has your cat been diagnosed with in the past? \_\_\_\_\_

\_\_\_\_\_

If known, what health problems, if any, has the rest of the litter been diagnosed with in the past?

\_\_\_\_\_

### Information about your family/household:

How many people live with your dog, including yourself? Please indicate adult vs. child, and how often they are home with your pet. \_\_\_\_\_

\_\_\_\_\_

Do you feel your dog gets along with all people listed? If no, please explain. \_\_\_\_\_

\_\_\_\_\_

How many other pets live with your dog? Please indicate type (dog, cat, etc.) and sex. \_\_\_\_\_

\_\_\_\_\_

Do you feel your dog gets along with all pets listed? If no, please explain. \_\_\_\_\_

\_\_\_\_\_

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

Information about your pet:

Please indicate your dog's primary behavior issue and other problems you would like addressed:

\_\_\_\_\_

Has the issue been sudden or gradual? *Sudden* *Gradual* Has it worsened? *Yes* *No*

Please list medication your dog currently receives, including heartworm and flea/tick prevention:

\_\_\_\_\_

What is your dog's reaction to unfamiliar dogs? \_\_\_\_\_

Unfamiliar cats or small animals? \_\_\_\_\_

Unfamiliar people? \_\_\_\_\_

Has your dog ever bitten anyone? *Yes* *No* If known, what were the circumstances? \_\_\_\_\_

\_\_\_\_\_

If your cat reacts negatively towards people, which one(s)? *Male* *Female* *Children*

*Specific people*

Does the setting matter in which your dog reacts to other people or animals? *Yes* *No*

If yes, what setting(s) does your dog seem to react more? \_\_\_\_\_

Please mark an "X" if your dog displays any of the following in the following circumstances:

Circumstance	Urinate	Defecate	Salivate	Shake/Tremble	Hiding	Escaping	Vocalize/Howl	Destructive
Home alone								
Home alone, confined								
Home (alone) with another pet								
Home with family but separated								
Home with access to family								
Visitor approaches								
Household pet (cat, dog, rabbit, etc.) approaches								
Veterinarian								
Groomer								
Loud noises (fireworks, thunderstorms, traffic, etc.)								

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

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

Information about your pet's daily schedule:

How many times is your dog walked per day? \_\_\_\_\_ Average length of walks: \_\_\_\_\_

How many times is your dog in the yard per day? \_\_\_\_\_ Average length of time out: \_\_\_\_\_

How many times does your dog play per day? \_\_\_\_\_ Average length of play time: \_\_\_\_\_

Is your dog crated? *Yes No* If yes, how often? \_\_\_\_\_

How does your dog react to the crate? Does s/he go in with or without difficulty? \_\_\_\_\_

What diet does your pet eat? Please include all treats and table food. \_\_\_\_\_

Where is your dog's food bowl located? \_\_\_\_\_

Does your dog finish meals completely? *Yes No*

Does your dog typically need someone to be present to finish their meals? *Yes No*

How does your dog act when you are preparing to leave home? \_\_\_\_\_

How does your dog react when you return? \_\_\_\_\_

Where is your dog when home alone? Any areas restricted? \_\_\_\_\_

Where is your dog when company is over? Is this by choice? \_\_\_\_\_

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

Does your dog inappropriately eliminate in the house? *Yes No*

If yes, which one? *Urinate Defecate Both*

Does it happen when you are home? *Yes No*

Where does the inappropriate elimination happen? \_\_\_\_\_

Information about what has been tried:

Please indicate whether the following techniques have been tried and if successful in the past:

Technique	Tried? (Y/N)	Outcome (improved or worsened behavior)
Training (Include in home or class; method of training used?)		
Use of "no" command		
Clicker training		

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

Use of "sit" or "lie down" for extended period after undesired behavior		
Use of "look" or "watch me" command		
Increased play/exercise or agility or other sport activity		
Pheromones (Adaptil, Comfort Zone)		
Medication (Please indicate name and dosage)		
"Time out" following negative behavior (Where? For how long?)		
Metal/choke/pronged/shock collar		
Swat, etc. at dog for undesired behavior		
Rub nose in feces, urine or destruction site		
Forced exposure to stimuli		
Avoidance of exposure to stimuli		
Use of spray bottle		
Other:		

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