

Real World Canine
Evaluation & Behavior Information
(775) 870-3139 ♦ www.rwc-nv.com
general@rwc-nv.com

Owner Information:

Name (First & Last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Information:

Home: _____ Cell: _____ Work: _____

E-mail: _____

May we send you reminder text messages and/or email appointment confirmations?

Please mark which method(s) you prefer: TEXT EMAIL NEITHER

****By choosing NEITHER, you are selecting to opt out of receiving *any* notifications regarding scheduling or other services ****
By doing so, you agree to notify the staff at R.W.C. of any appointment cancellations or changes **PRIOR** to your apt.

Additional Owner Information:

Name: _____

Phone: _____ Relationship: _____

Email: _____

Emergency Contact: (Please list someone other than yourself)

1. Name (First & Last): _____

Phone: _____ Relationship: _____

2. Name (First & Last): _____

Phone: _____ Relationship: _____

How did you hear about us? _____

Dog Information:

Name: _____ Nickname: _____

Breed: _____

Date of Birth: _____ Weight: _____ Color: _____

Sex: MALE FEMALE Is your dog: SPAYED NEUTERED INTACT

If yes, at what age was your dog fixed: _____ wks yrs

If not fixed, what are your reasons for not fixing: (Mark all that apply)

-Show Dog _____ -Plan to Breed _____ -Health Concerns _____

Other _____

Is your dog micro chipped? YES NO Microchip #: _____

Does your dog have any known allergies? YES NO

(If yes please list below)

May we use our treats for training purposes? YES NO I will provide my own treats

Does your dog have any current or prior medical injuries and/or illnesses? YES NO

(Please describe/list below)

List ALL medications/treatments your dog is currently receiving or has received (including heartworm, flea preventative, dietary supplements, herbal/homeopathic treatments, etc.):

Name of Medication	Dosage/Frequency Given	Date Started Medication

Veterinarian Information:

Clinic Name: _____

Primary Doctor's Name: _____ Phone: _____

Address: _____

Has Real World Canine received your vaccination records? (*Bordetella (Kennel Cough), Rabies, and Parvo (DHPP) are MANDATORY*): YES NO

What are your primary goals for your dog: (Please mark all that apply)

_____ Exercise _____ Leash Manners _____ General Manners _____ Socialization

_____ Puppy Foundations (Socialization, Confidence Building, Crate Training, Exposure to "Real World" obstacles/scenarios i.e. sounds, textures, objects, how to properly handle interactions w. people/dogs, etc.)

_____ Basic Obedience (Sit, Stay, Down, Come)

_____ Advanced Obedience (Stand, Place, Line Up, Drop Leash, Hand Signals)

_____ Behavior Modification: (Please describe *all* behavioral issues *in detail* below)

_____ Other: (Please describe below & on the following page)

Primary Behavior Problem:

What is the *primary* behavior problem you wish to address?

Please use the following space to describe the very first time this problem presented itself, going back to its earliest occurrence— i.e. If your dog is aggressive towards people, describe the first time she *ever* growled or barked at someone.

-Please include where the incident occurred, who was present/involved (human & animal), the events leading up to the incident, how you reacted, how your dog reacted, any changes in body language or behavior (human & animal), and lastly how the incident was handled afterwards.

**Approximate event dates and dog ages are ok

First Incident:

Date of event: _____ **Dog's age at time of occurrence:** _____

Location: _____

Details of Event: _____

Most Recent Incident

Date of event: _____ **Dog's age at time of occurrence:** _____

Location: _____

Details of Incident: _____

Frequency:

How frequently does this behavior occur?

_____ 10+ times/day _____ 1-10 times/day _____ 1-6 times/week _____ 1-6 times per month

Is the frequency: _____ Increasing _____ Decreasing _____ Unchanged

How likely is your dog going to display the primary behavior issue when in a potentially provoking situation?

_____ 25% of the time _____ 25-50% of the time _____ 51-75% of the time _____ 76-100% of the time

Please use the space below to describe any **methods** (i.e. positive reinforcement, distraction, etc.) or **tools** (i.e. gentle leader, pinch prong collar, etc.) you've used to try and correct the primary behavior issue.

Method 1: _____

Tools Used: _____ **Did this method work?** YES NO

Method 2: _____

Tools Used: _____ **Did this method work?** YES NO

Method 3: _____

Tools Used: _____ **Did this method work?** YES NO

How serious do you and the 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 outside the household suggest you rehome this dog? Yes _____ No _____

Has anyone outside the household suggest you euthanize this dog? Yes _____ No _____

Have you or any household member considered rehoming this dog? Yes _____ No _____

Have you or any household member considered euthanizing this dog? Yes _____ No _____

Has your dog ever bitten a person? YES NO

If yes, please use the spaces below to describe the injured person(s) and the incident(s) in as much detail as possible:

Incident 1: _____

How bad was the bite/injury your dog gave to the person: (select all that apply)

- Made contact but left no mark Made small mark/bruise but did not break skin
 Broke skin and left minor mark/bruise Broke skin and left a puncture wound
 Broke skin and left multiple punctures wounds Punctured and tore flesh
 Required emergency treatment (please describe the type of treatment needed):

Incident 2: _____

How bad was the bite/injury your dog gave to the person: (select all that apply)

- Made contact but left no mark Made small mark/bruise but did not break skin
 Broke skin and left minor mark/bruise Broke skin and left a puncture wound
 Broke skin and left multiple punctures wounds Punctured and tore flesh
 Required emergency treatment (please describe the type of treatment needed):

Have any bites been reported to Animal Control or other authorities? YES NO

Has any injured person threatened/taken legal action because of an aggressive incident? YES NO

If YES, please specify what legal action was taken and what the outcome was): _____

Household Information:

People living in household:

Name	Age	Relationship (Spouse, Son, Daughter, Roommate, etc.)
1.		
2.		
3.		
4.		
5.		

Other people who interact with or are coming in and out of the house:

Name	Age	Relationship (Pet Sitter, Friend, Grand Kids, etc.)
1.		
2.		
3.		
4.		
5.		

Type of house: House _____ Apartment _____ Townhouse _____ 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, how high is the fence?** _____

Type of fence: Wood slats _____ Solid _____ Wrought Iron _____ Chain Link _____

Other _____

Other pets in household: (Please list in order of arrival into household)

Name	Species & Breed	Male/ Female Spayed/Neutered	Age Now	Age When Obtained
1.				
2.				
3.				
4.				
5.				

Acquisition Information:

How old was this dog when acquired? _____ wks yrs

Where did you obtain this dog: (Please specify below)

- Pet Store: (Name & Location) _____
- Shelter/ Rescue: (Name & Location) _____
- Performance Breeder: (Show, Hunting, Agility, etc.) _____, HobbyBreeder _____
- Private Home _____, Other: _____

Temperament of dog's parent's/ littermates: (If known) _____

Describe any previous home(s): (If known) _____

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

Single Adult Pet _____ Family Pet _____ Children's Pet _____ Companion for Other Pet _____

Protection _____ Performance (Show, Hunting, Agility, etc.) _____ Breeding _____

Mobility _____ Emotional Support _____ Other _____

Daily Activities and Routine:

Feeding:

What time(s) of day is your dog fed? _____

Where is the dog fed? _____

Who prepares/gives the food? _____

Types of food being fed:

- Dry _____ Brand _____ % of diet _____
- Canned _____ Brand _____ % of diet _____
- Raw _____ Brand _____ % of diet _____
- People Food _____ Type(s) _____ % of diet _____
- Treats _____ Brand _____ % of diet _____

Eats Right Away _____ Picky Eater _____ Anxious Eater _____ Grazer _____ Slow Eater _____

Food Possessive w. people _____ Food Possessive w. 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 _____
Unbothered _____ Other _____

Exercise:

Does your dog get regular exercise on the leash? YES NO

If NO, why not? Pulls on leash _____ Aggressive _____ Reactive _____ Don't have time _____
Medical _____ Other _____

If YES, who takes the dog for leashed walks? _____

How often: _____ For how long: _____

Where: (i.e.: neighborhood, park, town) _____

What do you use to walk the dog: (check all that apply)

Flat Buckle Collar _____ Harness _____ Gentle Leader _____ Choke Collar _____ Pinch Prong Collar _____
Retractable Leash _____ Long Leash (6ft+) _____ Average Leash (4-6ft) _____
Traffic Leash (4ft or less) _____ Other _____

Does this tool work for you? YES NO Could be better

How is your dog on leash:

_____ **Excellent** (*never* pulls, never reacts to people and/or other dogs, pays attention to commands, walks side-by-side)

_____ **Good** (*rarely* pulls, no negative reactions to people and/or other dogs, pays attention to commands, walks side-by-side)

_____ **Fair** (*mildly* pulls, displays *some* mild reactivity towards people and/or other dogs, kind of pays attention to commands, walks out in front)

_____ **Poor** (*consistently* pulls, *regularly* displays negative reactions towards people and/or other dogs, is easily distracted, does not/kind of pays attention to commands, difficult to control, walks out in front)

_____ **Bad** (*non-stop* pulling, *ALWAYS* negatively reacts to people and/or dogs, distracted, does not listen to commands, constantly distracted, walks out front/zigzags)

Does your dog get off-leash exercise? YES NO

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

How often? _____ **For how long?** _____

Where? (Trails, Dog Parks, Beach, etc.) _____

How does your dog do off-leash?

_____ **Excellent** (*never* bolts, no negative reactions/charging at people and/or other dogs, *always* comes when called, is attentive to you/where you are, stays within *10ft* of you)

_____ **Good** (*never* bolts, no negative reactions/charging at people and/or other dogs, *mostly* comes when called, *mostly* pays attention to commands/where you are, stays within *25ft* of you)

_____ **Fair** (*occasionally* bolts but will return within a short time, displays *some* negative reaction/charges towards people and/or other dogs, *sometimes* comes when called, *somewhat* pays attention to you/where you are, is *regularly* farther than *25ft* from you)

_____ **Poor** (*consistently* bolts and does not return quickly, *regularly* displays negative reactions/charges towards people and/or other dogs, *barely/does not* come when called, *barely/does not* pay attention to you/where you are, is *always* farther than *25ft* from you)

_____ **Bad** (*always* bolts and does not return, *always* displays negative reactions/charges towards people and/or other dogs, *never* comes when called, *never* pays attention to you/where you are, is *never* closer than *25ft* from you)

Living Spaces/Being Left Alone:

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

_____ Loose in house -**Is there access to outside?** YES NO

_____ Confined to certain part of the house -**Is there access to outside from this area?** YES NO

_____ Indoors in a crate

_____ Outside in a kennel

Other: _____

Living Spaces/Being Left Alone Continued:

How long is your dog left alone on average a day? _____

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

Indifferent _____ Depressed _____ Barks for a short period then stops _____ Non-Stop Barking _____
Cries/Howls for a short period then stops _____ Non-Stop Crying/Howling _____ Urinates/Defecates _____
Tries to Escape _____ Destructive _____ Anxious _____ Excited _____ Nervous _____

Training:

Has your dog had any training? YES NO

If YES, please indicate the type of class, where (i.e. Petco, Petsmart, etc.) , and at what age your dog received the training

_____ Puppy Classes Where: _____ Age: _____ wks yrs
_____ Group Classes Where: _____ Age: _____ wks yrs
_____ Private Lessons Where: _____ Age: _____ wks yrs
_____ Board & Train Where: _____ Age: _____ wks yrs
_____ Other Where: _____ Age: _____ wks yrs
_____ Trained Ourselves

-Who in the household trained the dog? _____

-How often do you/they spend time training the dog? _____

What commands does your dog know? (If your dog is trained using a foreign language, please write the English interpretation next to each command i.e. Platz = “Down” in German)

- _____ - _____ - _____
- _____ - _____ - _____
- _____ - _____ - _____

Other: _____

What training techniques or tools have you used privately or during classes?: (please check all that apply)

Choke Collar _____ Food Rewards _____ Verbal Praise _____ Play/Toys _____ Distraction _____
Pinch Prong Collar _____ E-Collar _____ Bark Collar _____ Other _____

Did/does your dog enjoy training? YES NO

If NO, why not? _____

How well does your dog obey commands with distractions?

Excellent _____ Good _____ Fair _____ Poor _____ Not At All _____

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

Excellent _____ Good _____ Fair _____ Poor _____ Not At All _____

