

**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)

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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)

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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)

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**Primary Behavior Problem:**

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

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**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:** \_\_\_\_\_

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**Most Recent Incident**

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

**Location:** \_\_\_\_\_

**Details of Incident:** \_\_\_\_\_

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**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 \_\_\_\_\_





