



**Long Island
Veterinary Specialists**

Where You Take Your Pet First Makes All The Difference

CANINE BEHAVIOR HISTORY FORM

PLEASE READ CAREFULLY:

Please complete this form with as much details as possible and return it to us before your appointment. You may email it to **behaviorist@lives.org** or fax it to **516.501.1169** or mail it to Sabrina Poggiagliolmi, DVM, MS at LIVES Behavior Service, 163 South Service Road, Plainview NY 11803-4121. Please return this form (via email, fax, and regular mail) at least 2 days prior to the appointment. Please videotape your pet performing the behavior(s) before your visit, if possible. *For safety reasons, any dog with a known history of aggressive behavior must wear a basket muzzle upon entrance to the hospital.* Thank you and we look forward to working with you and your pet(s)!

CLIENT INFORMATION

First Name:		Last Name:	
Address:			
Phone: Home	Work	Alternate	
Email:			
Other Contact Information:			

DOG INFORMATION

Name:			
Breed:		Age:	
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Neutered/Spayed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes at what age?			
Body Weight:			

REFERRING VETERINARIAN INFORMATION

Dr. (First and Last Name):		
Address:		
Phone:	Fax:	Email:

CHIEF COMPLAINT

1. What is the main behavior problem or chief complaint?
2. When did the problem begin?
3. When does your dog misbehave? How often and under what circumstances?
4. Has there been a change in frequency or appearance of the problem?
5. What has been done so far to correct the problem?
6. Describe the first incident:
7. Describe the most recent incident:
8. Describe the next most recent incident:
9. Other incidents?
10. Are there any other behavior problems?

DOG'S ENVIRONMENT

11. What persons are in the dog's environment? What are their schedules?

12. What other pets are in the house or on the premises?

13. Where is your dog kept during the day? At night? When owner is away?

14. How is the dog exercised? Does he/she run free? How and when do you play with your dog?

15. Describe a typical day in the dog's life:

EARLY HISTORY

16. Why was your dog obtained?

17. Source of the dog?

18. Age at weaning?

19. Age when obtained by present owner?



EDUCATION

20. Method of house breaking? Age when house broken?

21. Does your dog ever eliminate in the house now?

22. Who trained your dog? How well does he/she obey for each person?

Please use chart: GOOD, FAIR, POOR

Person	Sit	Down	Come	Stay	Heel

23. Does your dog obey better in certain places?

24. Any other kind of obedience training?

25. Any tricks such as fetch, shake hands, etc.?

26. Hunting or harness training?

27. How does your dog act during storms?

28. How does your dog act when he/she is left alone?



FEEDING

29. What is your dog fed and when is he/she fed?
30. Who feeds the dog? Can you take the food away from your dog?
31. Does your dog have a good appetite? Does he/she like treats?

SEXUAL AND MATERNAL

32. Has your dog shown mounting behavior or has been in heat? If the dog mounts, does he/she mount other dogs or inanimate objects (e.g. pillows)?
33. Has your dog been bred or used for breeding? Was she a good mother? Does your dog ever “mother” toys or other animals?

GROOMING

34. Does your dog keep his/her coat in good condition? Are there any areas which are licked excessively?
35. Does your dog tolerate being brushed or enjoy it?

SOCIAL

36. Is your dog aggressive or timid with other dogs? With other species?
37. How does your dog act with:
- Friends:
- Children:



Strangers:

Veterinarians:

38. When does your dog bark?

39. When does your dog whine?

LEARNING

40. Would you describe your dog as a good, fair, or poor learner?

SLEEP

41. Does your dog sleep through the night? Is he/she restless at night? Where does he/she sleep at night?

MEDICAL

42. Brief medical history:

AGGRESSION

1. Does your dog show any aggression (growling, snarling, snapping, biting) towards (check all that apply):
- You
 - Family Members
 - Strangers
 - Other Dogs
 - Other Animals
 - Does Not Apply To My Dog

Who has been bitten, what was the context, and where on the body / how severe was the injury (if contact was made; e.g. bruised, broke skin, and drew blood, # of stitches required):

Individual (Name and description)	Context (Situation, atmosphere)	Location (Part of body bitten)	Severity (Did it break skin)

Comments:



FOR THE FOLLOWING QUESTIONS AND SITUATIONS:

- If your dog has no reaction; check the “No Rxn” box, or if the situation never happens check N/A.
- If your dog does have a reaction, please use the following words to describe the reaction: Barks (BK), Growls (G), Snarls (SL), Snaps (SP), Bites (B), Chases (C), or other (clarify).

PLEASE USE THE FOLLOWING CHARACTERISTICS WHEN DESCRIBING THE REACTION:

- *Growling* = rumble with mouth closed and teeth not showing
- *Snarling* = rumble with teeth showing, mouth closed or open
- *Snapping* = teeth close rapidly together without contacting target
- *Biting* = teeth close rapidly together and contact target. May or may not leave marks.

Situation	No Rxn	Reaction	N/A	Comments
Owner reaches over dog				
Owner reaches for dog's face				
Owner stares at dog				
Owner reprimands dog physically				
Owner reprimands dog verbally				
Owner attempts to approach/take away dog's food				
Owner attempts to approach/take away dog's toy				
Owner walks past dog				
Owner runs past dog				
Dog does not allow owners to move freely through the house				
Dog aggressive only when particular family member present but not aggressive toward that family member				
Stranger reaches over dog				
Stranger stares at dog				
Stranger comes to door				
Stranger enters yard while owner present				
Stranger enters yard while owner not present				
Preferred owner holds dog on leash while stranger approaches dog off property				
Non-preferred owner holds dog on leash while stranger approaches dog off property				
Stranger approaches off leash				

Situation	No Rxn	Reaction	N/A	Comments
Another dog mounts hind end of your dog				
Another dog stares at your dog				
Another dog attempts to approach/take away dog's food				
Another dog attempts to approach/take away toy				
Dog does not allow other dogs to move freely through the house				
Dog aggressive to other dogs only when family members present				
Another dog attempts to play with your dog				
Another dog approaches when your dog is on leash				
Another dog approaches when your dog is off leash				
Dog aggressive after acting submissive to another dog				
Dog sees cat indoors				
Dog sees cat outdoors				
Dog sees squirrel				
Dog sees other small animal				

SEVERITY OF PROBLEM

Please check the option that applies:

- The problem is not serious, I came to see what the treatment options are.
- The problems is not serious but would like to change the behavior.
- The problem is serious and I would like to change it. I will keep my dog if it remains unchanged.
- The problem is very serious but I will keep my dog if it remains unchanged.
- The problem is very serious and if unchanged, I will euthanize or relinquish my dog.