



Date:
Consultant:
Asst. Consultant:

Behavior History Form

Name:		
Address:		
City/State:		Zip:
Phone:(s (Home)		(Cell)
Email:		Dog License # & County:
Dog's Name:		Age: Sex:
Breed type:		
How long have you had the dog?		
Dog's age when acquired?		
Where did you get the dog?		
Spayed/Neutered?		At what age?
<ul style="list-style-type: none"> ▪ Number of people in household: ▪ How many children and ages: ▪ Other dogs in the home: ▪ Other pets in the home: ▪ Your experience level: ▪ First time owner _____ Somewhat experienced _____ Experienced _____ ▪ Veterinarian: ▪ List any medications your dog is taking: 		
<ul style="list-style-type: none"> ▪ Has your dog had any training? Yes No How long ago? 		
Circle one or more: Self /Home _____ Group classes (where) _____ Private Trainer (name) _____ Board and Train (where) _____		
What type of training? Please describe the methods & equipment used to train your dog.		
What commands does your dog know how to do?		

Please describe any behavior issues your dog may have: (use extra paper if needed)

▪ When were the problems first noted?

▪ How often do the problems occur?

• What has been done so far to correct the problems? Type of discipline, confinement, training, etc.

▪ What was the dog's response to these corrective measures?

▪ Where does your dog sleep?

▪ How often do you feed your dog?

▪ Once daily Twice daily Free feeding

▪ What type of food?

▪ How often and what type of exercise does your dog get?

▪ Does the dog have any physical problems or limitations?

▪ How long is your dog left alone?

Does your dog have any issues with being left alone? Please describe.

▪ What makes your dog bark, lunge, or growl?

• Is your dog overprotective of any of the following?

Food

Property

Toys

You or another person

▪ Has your dog ever been attacked? Please describe: When where who why how

▪ Three (or more) activities that your dog likes/loves:

1.

2.

3.

▪ Three (or more) foods that your dog likes/loves:

1.

2.

3.

What are your goals for this dog?

My Dog Is:

Calm & Quiet	Yes	No	Confident	Yes	No
Pushy & Rough	Yes	No	Independent	Yes	No
Easily Distracted	Yes	No	Attentive	Yes	No
Eager To Please	Yes	No	Easy to groom	Yes	No
Submissive	Yes	No	Easy to handle/restrain	Yes	No
Wary/Shy of Strangers	Yes	No	Jumps on people	Yes	No
Not House Broken	Yes	No	Other	Yes	No