

Head of the Class Dog Training, LLC

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Appt Date: _____

Time: _____

Canine Behavioral History

Please answer the following questions and send this form back – email preferred. Specific questions about the problem behavior(s) will be asked during your visit. **Please bring any relevant medical records with you.** The consultation is considered your first visit in the package. Your first session is 1-2 hours, follow-up sessions are approx. one hour, or less if dog disengages.

Cancellation policy: For private lesson / initial consultation, a \$50 deposit is required BEFORE the date of contact via Paypal. This deposit will be applied to the total cost of the consultation or private training program purchased at the time of the consultation.

If, for any reason, you are not home at the time of your appointment or do not show up for your consultation, or cancel without 24 hours advance notice the deposit is forfeited. Should you choose to re-schedule, there will be another deposit required for the new appointment date. (This is to ensure others who may be waiting have time to secure an appointment in the newly open slot.)

Dog behavioral questionnaire must be completed and returned a minimum of 2 days prior to your appointment date.

PLEASE BRING YOUR DOG'S MEDICAL RECORDS WITH YOU. IF YOU HAVE ALREADY HAD A THYROID TEST DONE ON YOUR DOG, BE SURE TO BRING THOSE RESULTS WITH YOU.

Submission of this behavioral history form constitutes permission to share your information with a consulting veterinarian.

Payment methods accepted: cash, check or credit card via PayPal.(CC must be paid in advance, Package fees are non-refundable after lessons begin)

General Information

Date: _____ e-mail _____

Client's name: _____ Name of pet: _____

Address: _____ Breed: _____

_____ Date of Birth: _____

Zip Code: _____ Sex: _____ neutered/spayed: _____

Home phone: _____

Work/Day phone: _____

Who is your regular veterinarian:

Dr. _____

Clinic Name: _____

Address: _____

Phone: _____

Fax: _____

What is the main behavior problem or complaint?

Additional problems (please list):

How frequently does the problem (or problems) occur (how many times: daily, weekly or monthly):

a. Main Problem: Frequency:

b. Other Problem: Frequency:

c. Other Problem: Frequency:

Chronology of the Behavior Problem

When did you first notice the main problem (age of dog)?

When did it first become a serious concern?

In what general circumstances does the dog misbehave?

Has this problem changed in frequency? (please describe)

Has this problem changed in intensity? (please describe)

Has this problem otherwise changed?

Describe several examples **in detail**:

1. Most recent incident: Describe (Date: _____)

2. Second to last incident: Describe (Date: _____)

3. Third to last incident: Describe (Date: _____)

Other significant incidents:

What have you done so far to try to correct the problem?

How do you discipline your dog for this and for other misbehavior?

What type of house do you live in? Please describe.

Have you moved since acquiring your dog? _____no _____yes How many times? ____

Has your household (people or animals) changed since acquiring your dog?
_____no _____yes, please describe:

Dog's Background

Why did you decide to get a dog?

Why did you choose this breed?

Where did you get this dog (circle one): SPCA/shelter Breeder-newspaper
ad/flyer Breeder - referral Pet store Friend Stray Other: _____

Have you owned dogs before? _____yes _____no

If known: how many littermates? males _____ females _____

How many animals to choose from? _____

Why did you choose this dog over the others (please be specific):

Was a temperament test performed? _____yes _____no _____unsure

Result:

Describe your dog's behavior as a puppy:

Do you have any news about littermate behavior? (please describe)

Did you meet the parents? _____no _____yes, please describe their behavior:

Has this dog had other owners? _____no _____yes, how many? _____

Why was the dog given up? _____

At what age was your pet neutered/spayed? _____

Why was this done?

Were there any behavior changes after neutering?

If your pet is "intact" has he/she ever been bred? _____yes _____no

Are you planning to breed? _____yes _____no _____unsure

If you have an intact female, when was her last heat? Was it normal?

Diet and Feeding

What do you feed your dog? (Please be specific, e.g. brand name)

Has your dog's appetite (increased, decreased, no change)? _____

How much do you feed? (please be specific) Meal Times _____

Who feeds the dog?

Location _____

What is your dog's favorite treat?

Daily Schedule - Typical 24 hr day

Please describe a typical 24-hour day in your dog's life:

How does the dog behave with familiar visitors?

How does the dog behave with unfamiliar visitors (children or adults)?

How do you exercise your dog?

Is the dog free in a fenced yard?

Is the dog tied outside?

Does the dog run free?

How do you play with your dog?

What toys does the dog have?

Is your dog housetrained? _____no _____yes How was the dog housetrained?

Does your dog ever eliminate in the house? _____no _____yes

urinate _____ defecate _____

Frequency / location?

Where does your dog sleep at night (please be specific):

Does your dog sleep (more, less, same)? _____

Where is your dog when alone in the house?

Where is your dog when you have guests?

How does your dog behave while you are leaving the house?

How does your dog behave when you return?

Basic Training

What basic training has your dog had? (Circle one)

None Trained at home Started training classes but didn't finish

Graduated training class once Graduated training class two or more levels

Private trainer Other _____

How old was the dog when training started?

Who in the family is the primary trainer?

Does your dog have any awards or titles? (Please describe)

Has your dog had any hunting, herding, protection, attack or Schutzhund training?
What percent of the time does your dog obey the following cues, for each member of the family:

Family Member	Sit	Down	Stay / Wait	Come	Heel / Loose Leash Walk	Other

Does your dog know any tricks? Please describe:

Have you exhibited your dog in breed shows?
____yes ____no ____no, but I plan to

Does your dog jump up on you or others without permission? ____yes ____no

Does your dog paw at you or at others? ____yes ____no

Does your dog lick you? ____yes ____no

Does your dog mount people? ____yes ____no

If yes, whom does he or she mount?

Does your dog mount other animals or objects? _____yes _____no
Please describe:

Does your dog ever bark at you? _____no _____yes When?
Please describe:

Does your dog bark at other times? Please describe:

What is your dog's activity level in general (Circle one):

Low Average High Excessive

Medical History

Does your dog have (or has s/he had) any medical conditions or health issues? What?

Is your dog on any **medication** now, for this or other problems? If so, what, and why?

Has your dog been on medication in the past? For what?

Date of most recent rabies vaccination: _____(1 year, 3 year)

Aggression Screen (Please Fill Out)

Animal Behavior Clinic Cornell University

GR - growl Owner: _____

SL - snarl/bare teeth Pet: _____

SB - snap/bite Date: _____

NR - no reaction

NA - not applicable

	GR	SL	SB	NR	NA
1. pet dog					
2. hug dog					
3. kiss dog					
4. lift dog					
5. call off furniture					
6. push/pull off furniture					
7. approach on furniture					

	G	R	S	L	S	B	N	R	N	A
8. disturb while resting/sleeping										
9. approach while eating										
10. touch while eating										
11. take dog food away										
12. take human food away										
13. take water dish away										
14. take rawhide										
15. take biscuit/cookie										
16. take real bone										
17. take toy/object										
18. approach when dog has any object/toy/bone										
19. verbally punish										
20. physically punish										
21. visual threat										
22. speak to dog (normal tone)										
23. stare at dog										
24. bend over dog										
25. push on shoulders or back										
	G	R	S	L	S	B	N	R	N	A
26. approach dog near spouse										
27. enter room										
28. leave room										
29. reach toward dog										
30. leash restraint										
31. collar restraint										
32. scruff restraint										
33. put leash on/take off										
34. put collar on/take off										
35. bathe dog										
36. towel dog										
37. groom/brush dog										
38. dog at groomer's										
39. trim nails										
40. leash/collar correction										
41. response to "sit"										
42. response to "down"										
43. dog at veterinary clinic										
44. unfamiliar adult enters house or yard										
45. unfamiliar child enters house or yard										
46. familiar adult enters house or yard										
47. familiar child enters house or yard										

	GR	SL	SB	NR	NA
48. response to toddlers/babies					
49. dog in car at tollbooths, gas stations					
50. unfam. adult approaches owner, dog on leash					
51. unfam. child approaches owner, dog on leash					
52. dog in house, sees people outside					
53. response to other dogs, while on leash					
54. response to other dogs, while not on leash					

Where are you on a scale of 1 to 5 as follows:

1. I am here only out of curiosity - problem is not serious.
2. I would like to change the problem, but it is not serious.
3. The problem is serious and I would like to change it, but if it remains unchanged that's all right.
4. The problem is very serious and I would like to change it, but if it remains unchanged I will keep my dog.
5. The problem is very serious and I would like to change it; if it remains unchanged I will have my dog euthanized or give him/her up.

FOR AGGRESSION (TOWARDS PEOPLE) (Skip this section if aggression is not the problem):

Please answer yes or no to these characteristics of your dog's aggressive behavior:

- _____ attacks are sudden and surprising
- _____ episodes appear unprovoked
- _____ the dog is abruptly docile after an episode
- _____ the dog appears "sorry" afterwards
- _____ the dog appears disoriented afterwards
- _____ episodes are associated with a "glazed" or "absent" expression
- _____ I can usually tell what will set off my dog
- _____ the aggressive behavior is new and uncharacteristic

Has your dog bitten and broken skin? _____yes _____no

Number of bites that broke skin: _____

Total number of bites (that did or did not break skin): _____

Number of bites that left bruising? _____

Total number of episodes of aggression (growling, snapping, biting): _____

Has your dog ever had contact with animal control or police? _____

If so, what was the advice or result of this encounter? _____

Describe typical episode (eg. does dog growl, lunge or bite, and in what circumstance?):

If the dog is in the above situation 10 times, in how many of those times is aggression seen (eg. all=100%, just one=10%, etc.)?

What parts of the victim's body has the dog bitten and how severe were the injuries?

Who is/are the target(s) of aggression?

Did your dog bite as a puppy? _____yes _____no
If yes, please describe, including age:

How old was your dog the first time he/she growled at a person?

What was the circumstance?

How old was your dog the first time he/she snapped or bit at a person?

What was the circumstance?

Miscellaneous:

Are you ABLE to change your own routines and behavior to help your dog be successful modifying his /her behavior? Explain why/why not.

Are you WILLING to change our own routines and behavior to help your dog be successful modifying his / her behavior? Explain why / why not.

Do you understand that using contraindicated tools / or techniques will likely be deleterious to your dog's progress and may cause additional behavioral problems?

Do you agree to refrain from using contraindicated tools / techniques for the duration of your training package or risk losing / forfeiting remaining sessions?

Anything else?

How did you hear about Head of the Class Dog Training LLC?

(End of questionnaire - thank you!)
