

## **CANINE BEHAVIOR CASE HISTORY FORM**

Patient name:

Date of appointment:

The more thoroughly you fill out this form, the more important information Dr. Thornton will have to help you and your pet. IF YOU CAN DO SO SAFELY (do not allow aggressive interactions), obtain video of the problem behavior or the location(s) where it occurs, and bring it to the appointment. Do not make a movie; 5 minutes or less of video is usually adequate. This form should be completed by the person who knows this pet best/spends the most time with the pet; but please get input from others who live with the cat as well. Please indicate any areas of disagreement among household members.

### **YOUR HOUSEHOLD**

**In the order that they arrived in your home,** please list all (including this dog) non-caged pets in your home.

<b>Pet's name</b>	<b>Breed (or mix, or primary breed)</b>	<b>Age</b>	<b>Gender (m/f; spayed/neutered)</b>	<b>Source of pet/ reason obtained</b>	<b>Age and approx date when obtained</b>	<b>How does this pet relate to the others?</b>
1)						
2)						
3)						
4)						

5)						
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**Please list each human household member:**

Person's name	Age	Gender	How does this person interact with the pets?	What is this person's typical schedule?
1)				
2)				
3)				
4)				
5)				

**Circle all descriptors that apply to your household:**

extremely organized   organized   unstructured   disorganized   chaotic   very routine   variable routine   stable location   frequent moves   urban   suburban  
 semirural   foothills   farm or ranch   large yard   no yard   under 1000 square feet   over 2500 square feet   noisy   quiet   single family   multifamily

**On a separate sheet, please sketch your floor plan and yard layout (or nearby surroundings). Please include the locations of neighboring resident dogs.**

**Which pet are we seeing this visit for a behavior problem?**

## DEFINITION OF PROBLEMS AND GOALS

In the order of importance of the problem to you, please list each behavior problem this pet is having:

<b>Problem</b>	<b>Getting better, worse, staying the same?</b>	<b>Frequency of problem</b>	<b>Rate this problem as not serious, serious, or very serious</b>	<b>If this problem is not resolved, will you keep this dog?</b>	<b>If everyone in the household is not in agreement about the seriousness of this problem, and similarly committed to resolving it, please describe discrepancies.</b>
1)					
2)					
3)					
4)					
5)					

*Multiple problems, if not related behaviorally to each other, may need to be assessed and treated separately. We will focus this visit on Problem 1.*

My ideal outcome for this behavior problem:



How many hours of the average day does your dog spend:

- loose in the house
- loose in the yard
- tethered in the yard
- with free access indoors and outdoors (e.g. with pet door)
- in a room or area (e.g. laundry room, mud room)
- in a crate

Overnight, where does your dog usually sleep? Does your dog get up and move around overnight?

Where is your dog when:

- friends visit
- strangers visit
- when family is home
- when family is gone

Does your dog have a bed/mat/crate? Is there a command for sending him/her there? Is this used for punishment, time out or for when you will be absent?

Is there anyone that the dog usually follows or sticks to around the house, or is the dog pretty independent of people?

How does your dog get your attention (e.g. barking, sitting, nudging, whining, pawing)?

On a separate sheet, please describe a typical 24-hour period in your dog's life. Include sleeping/napping times, mealtimes, interaction with you, etc.

## UPBRINGING AND EDUCATION

If your dog had a previous owner, what do you know about that situation(s)?

How has your dog been trained (circle all that apply)?

- no training
- trained by me or other family member
- received training in a class situation
- received private training with a trainer (who? at facility or your home?)
- trained by trainer while boarding at their facility

What methodology/training techniques have been used (e.g., reward based, assertive/dominance, leash corrections, target/lure, /clicker)? Also list all tools (e.g. choke collar, prong collar, harness, shock collar, head halter, penny can, throw chain) used.

How did the training go (select one and explain)?

- very successful--teacher's pet
- pretty well, but we've lost a lot of ground since classes ended
- suspended from school--we never finished
- never really made much progress

For each of these commands, rank how well the dog performs for each person. Please write in and rank other commands or tricks the dog knows (e.g. leave it, roll over, go to your bed).

- **1** always
- **2** sometimes (e.g. when not distracted, if you have a treat, only on leash)--details help here
- **3** never
- **DK** dog doesn't know this command
- **NA** not applicable--this person doesn't use this command

Name	come	sit	down	stay	heel							
1)												
2)												
3)												
4)												
5)												
Stranger												

How do you let your dog know he/she has done something right?

How do you let your dog know he/she has done something wrong?







**If bites have occurred, please fill in the number of each type (if so numerous you've stopped counting, write TNTC):**

<b>Bite type</b>	<b>Number to a dog</b>	<b>Number to a cat or other small animal</b>	<b>Number to a human within the family</b>	<b>How many of these were under 18?</b>	<b>Number to a human outside the family</b>	<b>How many of these were under 18?</b>
"Air bites" (snaps that did not connect)						
Bites which connected, bruised but did not break the skin						
Bites which broke skin resulting in punctures or tears (may require medical attention)						
Single bites with shaking or refusal to let go, or repeated bites in one incident (usually require medical attention)						
Bites which were disfiguring (require significant surgery) or fatal						
Bites which were reported						

## **DESCRIPTION OF OCCURRENCES OF THE PROBLEM BEHAVIOR**

Describe exactly what you or others saw; include the dog's body posture, ear and tail positions, where eyes are looking, how people responded, who all was there.

Describe the first incident of this behavior that you ever noticed (include approximate date:        )

Describe the most recent occurrence (include approximate date:    ):

Describe at least two other typical occurrences (include approximate dates:        ):

Can you tell when the problem behavior is likely to occur? What tips you off?

## **SOLUTIONS TRIED AND RESULTS**

Describe what you have tried to solve this problem (e.g. punishment, reassurance, avoidance, medication). Exactly what was done? Did it make the problem better, worse, or have no effect?

## **GENERAL BEHAVIOR SCREEN**

Screening for other behavior issues (this may overlap with primary complaint behavior problem). If you answer yes to any of the questions, please tell me What, Where, When, Why, and How for each. For the primary complaint, write "see above."

Does your dog engage in misbehavior while you are gone (e.g. housesoiling, destructiveness, barking)?

Does your dog have urine or stool accidents in the house?

Does your dog have problems with noises (e.g. storms, fireworks)?

Does your dog experience anxiety in social situations (e.g. afraid to go on walks, meet people, go new places)?

Does your pet groom him/herself excessively (e.g. chewing or licking bald patches, sucking on flank fold)?

Does your dog counter surf or raid the garbage?

Does your dog chew destructively?

Does your dog bark excessively?

Does your dog engage in repetitive or compulsive activity (e.g. tail chasing, chasing light or shadows, biting at nonexistent flies)?

Does your dog engage in unruly behavior (e.g. jumping up, pulling on leash)?

Please go to the floor plan you drew and mark the locations of any behaviors which occur in certain locations (e.g. house soiling, destructiveness, aggression). Also mark your dog's favorite resting spots and places where he watches the outside world.

### **MEDICAL HISTORY:**

Does your dog have any chronic medical problems (e.g. arthritis, allergies, heart conditions)?

Is your dog currently on any medications (prescription or over the counter, including dietary supplements, flower essences or herbs)? Please list:

For what, other than routine care visits, has your dog been to the veterinarian (e.g. infections, surgeries)?

At what age was your dog spayed or neutered?

Does your dog have any sensory deficits (e.g. hearing, sight)?