



## Central Park Veterinary Clinic

252 Route 108 Somersworth NH 03825  
(603) 742-1203 centralparkvet.net

Date: \_\_\_\_\_

### CANINE BEHAVIOR HISTORY FORM

#### OWNER INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

#### HOUSEHOLD:

Number of Adults (over 18 years of age) Female: \_\_\_\_\_ Male: \_\_\_\_\_

Number of Children and Ages Boys: \_\_\_\_\_ Ages: \_\_\_\_\_ Girls: \_\_\_\_\_ Ages: \_\_\_\_\_

Who is the Primary Caretaker of your dog? (feeding, grooming, walking, etc. . .) \_\_\_\_\_

#### PET INFORMATION:

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Neutered? \_\_\_\_\_ If yes, at what age? \_\_\_\_\_

**Other Animals in House:**

Name	Species	Breed	Sex, Neutered?	Age

**BACKGROUND INFORMATION:**

Age Obtained: \_\_\_\_\_ ☐ Unknown

Where did you get your dog?

- ☐ Own breeding                      ☐ Shelter/Rescue                      ☐ Breeder (in person)
- ☐ Unknown                      ☐ Pet Store                      ☐ Breeder (never met)
- ☐ Other (explain) \_\_\_\_\_

How was your puppy/dog raised before you owned him?

- ☐ In house                      ☐ Loose outside                      ☐ Kennel/Garage
- ☐ Puppy mill                      ☐ Out on leash/fenced yard
- ☐ Other/Unknown \_\_\_\_\_

What qualities led you to choose this specific dog?

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If obtained from a breeder, did you meet the parents of your dog?    Yes/No

If yes, please briefly describe the disposition of the parents and any additional information about the littermates and housing situation:

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What was the personality of the dog as a puppy?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Friendly to owner     | <input type="checkbox"/> Aggressive to strangers | <input type="checkbox"/> Hyper excitable  |
| <input type="checkbox"/> Aloof                 | <input type="checkbox"/> Shy of strangers        | <input type="checkbox"/> Super submissive |
| <input type="checkbox"/> Aggressive to owner   | <input type="checkbox"/> Happy/outgoing          | <input type="checkbox"/> Inhibited        |
| <input type="checkbox"/> Friendly to strangers | <input type="checkbox"/> Fearful of environment  | <input type="checkbox"/> Fear of noises   |
| <input type="checkbox"/> Aloof to strangers    | <input type="checkbox"/> Anxious                 | <input type="checkbox"/> Unknown          |

Please elaborate on any traits chosen in the previous question:

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If the dog was previously owned, for what purpose was the dog kept? (companion, breeding, showing, guarding, etc. . .)

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Do you know what reason was given for re-homing the dog to you?

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How would you describe your dog's personality?

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List any current medical conditions and medications/doses if any:

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### EXERCISE:

How many days per week and hours per day is your dog walked on leash?

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Please circle any of the following items you may use during a walk:

Off leash walking / Regular Harness / No-Pull Harness / Flat Collar / Martingale Collar / Head Collar / Choke Chain / Prong Collar / Other \_\_\_\_\_

Why do you use this/these particular item(s)?

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Does your dog participate in any canine sports (agility, flyball, etc. . .) in trials or just for fun?

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What other types of exercise does your dog receive? How many hours per day or per week?

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## **TRAINING:**

Has your dog attended any obedience/behavior classes? Y/N

If yes, when were these attended and what was covered?

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Was training continued after this? Y/N

What methods do you use to discipline your dog? Circle all that may apply:

No Discipline / Verbal / Physical / Training Device / Startling / Time Out / Other \_\_\_\_\_

Do you use food or treats for training? If so, what type? \_\_\_\_\_

**DIET:**

Food brand/type/quantity \_\_\_\_\_

Treat brand/type/quantity \_\_\_\_\_

How often do you feed your dog? \_\_\_\_\_ Does your dog finish each meal? Y/N

Where is your dog's food bowl located? \_\_\_\_\_

Does your dog have free access to his water bowl? Y/N

**TOYS AND PLAY:**

What is your dog's favorite game and favorite toy?

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What else does your dog do for play?

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Have you ever used a laser pointer to play with your dog? Y/N

If yes, what was your dog's reaction? \_\_\_\_\_

**DAILY SCHEDULE:**

How many hours per day (on average) is your dog left alone? \_\_\_\_\_

Where is your dog kept while alone? \_\_\_\_\_

Where does your dog sleep at night? \_\_\_\_\_

Do you bring your dog to daycare? Y/N

If yes, how often? \_\_\_\_\_

Do you have a fenced yard? Y/N

If yes, please describe the location, size and type of fencing?

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Has your dog ever been confined in your home? Y/N

If yes, where (room, exercise pen, crate, etc. . .)? \_\_\_\_\_

Do you currently confine your dog within your home? Y/N

Please give a brief description of what your dog's normal daily routine looks like:

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### **BEHAVIOR CONCERNS:**

Please describe your primary problem:

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How frequent and severe do you consider this problem to be?

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How long ago and at what age did you first notice this problem? Has this problem worsened since then, gotten better or stayed fairly consistent?

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Please describe any other problems or issues:

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How does your dog behave when presented with the following situations? Please check in appropriate areas:

	GROWL /BARK	LIP RAISE	SNAP	BITE (BREAKS SKIN)	NO AGGRESSIVE RESPONSE	SHIES AWAY /HIDES	NO REACTION /INDIFFERENT	UNKNOWN /OTHER
Walk past dog while eating.								
Touch/take away dog's food/bowl.								
Walk by while dog has rawhide/high value treat.								
Touch/take away dog's rawhide/high value treat.								
Take away a stolen object.								
	GROWL /BARK	LIP RAISE	SNAP	BITE (BREAKS SKIN)	NO AGGRESSIVE RESPONSE	SHIES AWAY /HIDES	NO REACTION /INDIFFERENT	UNKNOWN /OTHER
Disturb dog while sleeping/resting.								
Walk by or approach dog in crate.								
Restrain dog from moving.								
Lift dog.								
Pet dog.								
Medicate.								
Handling feet/nail trims.								
Handling face/ears/mouth.								
Grooming/bathing.								
Reach for/grab collar.								
Attempt to remove dog from furniture.								
Reprimand dog verbally.								
Reprimand dog physically.								
Stare at the dog.								
Threaten dog (hand/newspaper).								
	GROWL /BARK	LIP RAISE	SNAP	BITE (BREAKS SKIN)	NO AGGRESSIVE RESPONSE	SHIES AWAY /HIDES	NO REACTION /INDIFFERENT	UNKNOWN /OTHER
Unfamiliar person at the door.								
Unfamiliar person enters home.								
Unfamiliar person approaches while dog is outside on a walk.								
Seeing unfamiliar dogs while ON LEASH.								
Seeing unfamiliar dogs while OFF LEASH.								
Cars, bicyclist, joggers pass by.								
Unfamiliar babies.								
Unfamiliar children.								
Examined by veterinary staff.								



Has your dog ever bitten a person? Y/N Did the bite break skin? Y/N

If yes, how many times and who were the people in relation to you?

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What was the circumstance?

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Has your dog ever bitten another dog? Y/N Did the bite break skin? Y/N

If yes, how many times and how did the dogs come into contact?

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What was the circumstance?

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On a scale of 0-5 (0 being Never and 5 being Always), please rate how the following behaviors occur in your dog:

Follows you around the house (gets up when you do, needs to keep you in sight, etc. . .)	0	1	2	3	4	5
Gets anxious before you actually leave the house.	0	1	2	3	4	5
Excessive vocalization (barking, whining) once you have departed.	0	1	2	3	4	5
Destruction of items in the home when you are gone.	0	1	2	3	4	5
Injures self when crated.	0	1	2	3	4	5
Urinates or defecates in home only when you are away.	0	1	2	3	4	5
Will not eat if you are away.	0	1	2	3	4	5

Which, if any, of these situations elicits a fear response in your dog?

\_\_\_ Thunderstorms

\_\_\_ Fireworks

\_\_\_ Sudden noises

\_\_\_ Strangers

\_\_\_ Other \_\_\_\_\_

What behaviors does your dog display while fearful?

\_\_\_ Panting

\_\_\_ Excessive Drooling

\_\_\_ Urination/Defecation

\_\_\_ Flight (running, hiding)

\_\_\_ Shaking

\_\_\_ Avoids the situation/object

\_\_\_ Confrontational/aggression

\_\_\_ Hides under you

\_\_\_ Vocalizing (barking, growling)

\_\_\_ Other \_\_\_\_\_

Does your dog display any obsessive behaviors?

\_\_\_ Hyperactive around food

\_\_\_ Chasing tail

\_\_\_ Licking people

\_\_\_ Licking/chewing on legs/body

\_\_\_ Chasing/barking at shadows/moving lights

\_\_\_ Other \_\_\_\_\_

What is your favorite thing about your dog?

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**Thank you for taking the time to fill out this Behavior History Form!**

**This form will help us to better understand your dog and lifestyle, and we hope to work with you in figuring out the best techniques in managing and altering any behavior concerns you have with your dog.**

**Please fax this form to (603) 742-1204 at least one week before your scheduled visit.**

**Alternately, you may mail this form to us at 252 Route 108 Somersworth NH 03878 or stop by and drop it off at the hospital.**

**Please call us if you have any questions! (603) 742-1203**