

Canine behavior consultation questionnaire

General Information

Today's date: _____ Date and time of consultation (if scheduled): _____
 Name: _____
 Address: _____ City/Town: _____ Postal (Zip) Code: _____
 Phone: Home: (_____) Business: (_____) ext: Mobile/other (_____)
 FAX: (_____) Email: _____
 Veterinary Clinic: _____ Veterinarian's Name: _____
 Clinic phone: (_____) Who referred you to our service? _____

Pet Information

Pet's Name: _____ Date of birth: _____ OR Estimate age if unknown: _____ Years _____ Months _____
 Weight: _____ kg _____ lb Sex: Male Female Neuter: Yes No at what age? _____
 Any change after neutering? Yes No If yes, describe: _____
 Breed or Description: _____ Color: _____

Early History

Age obtained: _____ From where did you obtain this pet? _____
 Breeder's Name or Shelter: (if applicable): _____
 Describe previous home / homes (if known) including litter size, how raised, age weaned, other pets, family, household: _____

Describe how much interaction your dog had with people before it was obtained: _____

Describe how much interaction your dog had with other dogs before it was obtained: _____

Behavior of parents or littermates (if known): _____

For what reason did you obtain this pet? (check all that apply): Companion for family ; Companion for other pet ; Protection; Work ; Agility ; Breeding/show ; Other: _____
 Describe your dog's personality (check all that apply): Friendly Calm ; Confident ; Demanding attention ; Noisy/vocal ; Quiet ; Excitable/Overactive ; Bold ; Unruly ; Confused: ; Stubborn ; Timid Fearful ; Aggressive ; Depressed ; Other _____

The Home Environment

List each family member living in the home (include age of children):

Name	Age	Occupation

Describe how your pet gets along with each family member including any problems: _____

List each pet in home	Species	Breed	Sex	Age

Describe how your pets get along with each other including any problems:

Activities

Describe the usual daily schedule for you and your dog:

Describe the type of exercise / play sessions you offer including how often, how long and with whom?

What is your dog's favorite game:

What toys and chews do you give and how often?

What is your dog's favorite?

Do you give your dog food filled toys? Yes No If yes, which ones and how often?

Describe chewing and exploration: Little or no interest Mostly directed to own toys and chews

Mild household damage Moderate damage Severe damage - If damage, describe when, how often, targets:

Diet and nutrition

Type of food and when do you feed:

What is your dog's favorite food?

Describe your pet's appetite: Voracious Good Average Picky Poor Variable

Type of treats and when do you give?

Describe your pet's interest / appetite for treats: Voracious Good Average Picky Poor Variable

List any food supplements or additives:

Resting, sleep, comfort areas

Where is your dog's preferred sleeping spot / daytime?

Where does the dog sleep at night?

Have you used a crate or pen to confine? Yes No Do you still use a crate or pen? Yes No

Dog's reaction to being crated or confined:

If you no longer use confinement, when and why did you stop?

Describe the crate and its location:

Reinforcer assessment

If you could give any type of treats what would be your dog's favorite reward? List top 5:

Other than food, what other rewards (e.g. toy, affection) would be most enticing to your dog? List top 5:

Principal Complaint

The following questions are required to assess your pet's problem. It is not necessary to duplicate answers from previous sections or in future sections. Please consider bringing movie clips or pictures of the problem behaviors.

List all Problems that need to be addressed Begin with your primary complaint	Age problem began	Very Serious	Fairly Serious	Not Serious

Have you considered removing your pet from the home if the problem cannot be improved? Yes No

Comment:

What are your goals for this consultation?

For the primary problem(s) what age was your dog when the problem started?

Describe any changes in the home or the pet's health when the problem first started:

What do you think caused the problem?

Describe the problem, beginning with the most recent incident?

Describe the first incident and other pertinent incidents:

How often does the problem occur?

Has there been a recent change in frequency or severity? Yes No If yes, describe:

List each behavioral treatment you have tried, and the dog's response:

Date/when	Treatment	Dog's Response / Outcome

Which approach has been most successful (if any):

List any techniques that have made the problem worse:

List any medications, supplements or remedies tried so far, and the dog's response (effects, side effects):

Date	Medication (when started, dose, frequency and duration)	Outcome (effects, side effects, is pet still receiving)

Training

Has this pet had obedience training, professional training or behavioral assistance? YES NO

IF YES, PLEASE CONTINUE. IF NO, SKIP TO NEXT SECTION, FAMILY TRAINING

Professional training

Has your dog had obedience training, professional training or professional behavioral assistance? Yes No

If yes, describe:

In which of the following did you participate? Puppy class ; Juvenile / Adult Class ; Private instructor ;

Trained dog myself ; None Other If other, describe:

At what age was your dog first enrolled? If any additional classes, at what age?

Describe the classes including the school(s) or instructor(s) and type of training:

How would you describe the training? Reward based (praise) ; Reward based (food) ; Clicker training ; Lure training ; Assertive / dominance ; Aversive/corrections ; Other If other describe:

Describe any specialized training (obedience, conformation, agility, flyball, retrieving, coursing, protection etc.):

Have you used a trainer, veterinarian or behavior specialist for the problem for which you are seeking help today?
Yes No If yes, please advise with whom you consulted, the recommendations and their efficacy:

Family training

If you trained your dog yourself or in addition to training with professional assistance, please describe:

How would you describe the training? Check all that apply: Reward based (praise) ; Reward based (food) ;
Clicker ; Lure training ; Assertive / dominance ; Aversive/corrections ; Other If other describe:

Are you familiar with clicker training? Yes No Have you ever used / tried clicker training? Yes No
If yes, describe results / success:

What books / DVD / TV shows have you seen and implemented:

What type of training has been most successful?

Did any training technique make problems worse?
Describe your dog's learning ability:

List family member(s) with most control:
List family member(s) with least control:
Describe any tricks your dog knows

Do you continue to train? Yes No If yes who trains, type of training and how often:

What type of collar does your dog wear for walks? _____ for veterinary visits

Indicate which of the following training products you have used and the dog's response / efficacy

Product	Type / Brand	Response / Efficacy / Problems
Head halter <input type="checkbox"/>		
Flat collar <input type="checkbox"/>		
Choke collar <input type="checkbox"/>		
Prong or pinch collar <input type="checkbox"/>		
Remote trainer shock <input type="checkbox"/> other <input type="checkbox"/>		
Harness: front control <input type="checkbox"/> back <input type="checkbox"/>		
Manner's Minder <input type="checkbox"/> Clicker <input type="checkbox"/>		
Target train <input type="checkbox"/>		
Other <input type="checkbox"/>		

Punishment / Discipline / Corrections (mark all answers that apply)

*****Please bring all training devices, collars, halters and harnesses to your appointment*****

	Never	Tried	Use often	Improves	Worsens	Comments/describe
Verbal (e.g. no, stop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical (hit, rub nose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Muzzle grasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lift / pin / roll over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shake can / chain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise / ultrasonic alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water / Air / Citronella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Booby traps / repellents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Time-out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Remote electronic collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Remote citronella collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anti-bark collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Containment collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Has any punishment made the problem worse or led to threats / aggression? Yes No If yes, describe:

Has any punishment been effective? Yes No If yes, describe:

Does your dog respond differently to different family members? Yes No If yes, describe:

Describe any of the above problems in more detail:

Fear of noises or storms? Yes No If yes, describe noises and dog's reaction:

Car ride anxiety Yes No If yes, describe:

Fear of locations / situations? Yes No If yes, describe:

Other anxiety / timidity / fear (non-aggressive): e.g. ears back, cowers, tail tucked, shakes, retreats, hides, lip lick etc.

If yes, describe if not previously discussed:

How long after exposure to these events is finished, does your dog settle down (i.e. back to normal)?

Housetraining Screen

Where is your dog's primary location for elimination?

On average, how many times a day does your dog urinate?

On average, how many times a day does your dog defecate?

Is your dog completely housetrained? Yes No

Does your dog have a housesoiling problem? YES NO

IF YES PLEASE CONTINUE. IF NO SKIP THE NEXT SECTION, DEPARTURE SCREENING

Does your dog soil in the home with urine ; stools ; both

Does your dog eliminate outdoors? Yes No If Yes, what is *your dog's* favored location?

What is *your* preferred location for your dog to eliminate?

Do you accompany your dog outside for elimination? Yes No

Does your dog eliminate in desired locations while you are watching? Yes No If yes, what do you do when you see your dog eliminate in the correct location?

Does your dog signal when it needs to eliminate? Yes No If yes, describe:

About how often does your dog housesoil?

When is the dog most likely to housesoil?

Does your dog soil in: specific locations varied locations Describe locations?

Does your dog housesoil when family members are at home? Yes No If yes, describe:

Does your dog housesoil while you are watching? Yes No If yes, what do you do?

What is your dog's response?

What do you do when you find urine or stool that has been passed in the incorrect location?

What is your dog's response?

Does your dog urine mark (lift leg / small amounts) outdoors? Yes No If yes, describe:

Does your dog urine mark indoors? Yes No If yes, describe:

Do you confine your dog to a crate, room or pen? Yes No

If yes, does your dog eliminate in the crate, room or pen? Yes No If yes, describe:

Does your dog leak urine or lose control? Yes No If yes, describe when and where:

Has there been a change in drinking when or since the problem began? Yes No If yes, check all that apply:

More frequent / more interest Larger amount Less frequent / less interest Smaller amount

When the housesoiling began, was there a change in urination? Yes No If yes, check all that apply:

Less often Lesser amount More often Greater amount Straining / discomfort

Have you noticed any change in the urine e.g. odor, color, blood, etc. Yes No If yes, describe:

When the housesoiling began was there a change in defecation (stools)? Yes No If yes, check all that apply:

Less often More often Larger volume (amount) Less volume (amount) Straining

Have you noticed any change in the stools e.g. odor, color, blood, mucous, consistency Yes No If yes, describe:

Departure Behavior Screening

When you go out is your dog confined or crated? Yes No If yes, indicate if crated or what areas are restricted:
At what times of day and for how long is your dog typically left alone on the average day?

During the average week, what is the longest time you would need to leave your dog alone?

Are there any problems that arise during longer departures compared to shorter departures? Yes No If yes, describe:

How does your dog react when you prepare to leave?

Has your dog ever been left at a kennel? ; veterinary office? ; with a friend/relative? ; Other
If yes, describe your dog's reaction:

Is the dog ever alone outdoors? Yes No How often? How long (average)?

Where is the dog left when outdoors?

How does your dog react to being left alone outdoors?

Does your dog exhibit any behavior problems when you leave your dog alone? YES NO
IF YES PLEASE CONTINUE. IF NO PLEASE PROCEED TO AGGRESSION SCREEN BELOW
Please make every effort to collect movie clips of dogs behavior when alone and bring to visit.

Describe what your dog does when left alone at home:

How soon after you depart does the problem begin?

How long does the problem last?

How does your dog react at the time of departure (as the last person prepares to leave)?

Does the dog act differently depending on who departs? Yes No If yes, describe how the dog reacts differently with each family member:

What is the dog's reaction at homecomings?

Does your dog react differently at homecoming to different family members? Yes No If yes, describe:

How does your dog react when left alone in the car?

What is the longest that you have left your dog in the car without problems arising?

Are there any places, times or situations in which you leave your dog alone and the problems do not arise or are less intense? Yes No If yes, describe when and where?

What techniques have you used so far to try and improve the problem?

Technique	Dog's response

Aggression Screen - Has your pet ever displayed any of the following?

Threat displays Yes No; **Growling** Yes No; **Bite attempts** Yes No; **Bites** Yes No

IF YOUR PET DOES NOT DISPLAY AGGRESSION PLEASE PROCEED TO MISCELLANEOUS BELOW

What is the potential for injury? none minimal moderate severe

Is aggression the primary reason for today's visit? Yes No

Describe aggression: Threat / no bite Snap / no contact Bite – release Bite / no release or multiple bites

If necessary, could you predict and avoid or prevent all situations in which aggression might arise? Yes No

Is the problem serious enough that you will be unable to keep your pet if it is not improved? Yes No

What is your pet's response to each of the following – check all that apply:

Circumstance	None	Growl / Threat	Snap / no contact	Bite	Multiple Bites	Who is the target?
FAMILIAR PERSON						
Stares at dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaches for / bends over dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Petting dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hugging / kissing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pins / rolls over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Putting on / taking off leash / collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gives verbal cue e.g. sit in normal tone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Using verbal discipline e.g. stop, no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grabs collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical e.g. hit, leash correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In response to movement / noise / yells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interrupts threat or bite to person / dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Approach / hug / touch family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UNFAMILIAR PERSON (STRANGER)						
Stranger approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stranger stares at dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stranger reaches / bends over dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stranger pets dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coming into home / onto property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stranger puts on or takes off leash/ collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stranger speaks in normal tone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stranger verbal discipline - says no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical - pin, roll, hit, leash correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stranger movement, activity, noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leaving room / yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Approach / hug / touch family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Circumstance	None	Growl / Threat	Snap / no contact	Bite	Multiple Bites	Who is the target?
HANDLING AND GROOMING						
Familiar person bathes, grooms or towels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Familiar person treats ears / eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Familiar person trims nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unfamiliar person bathes, or grooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unfamiliar person treats ears / eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unfamiliar person trims nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Behavior during veterinary exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Approach dog when with family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Approach dog on its mat, bed, rest spot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Approach when resting on furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER ANIMALS						
Familiar dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other pets in home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Familiar dogs / off property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unfamiliar dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TREATS / TOYS						
Approach eating food, treats, chew toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Approaches when playing with toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

BITE HISTORY

Date	Situation (what happened) Start with most recent	Who is bitten - name, person, animal	Relationship (familiar, stranger)	Did bite break skin?
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>

How many times has your dog bitten?

List your dog's primary targets (people / animals) for aggression:

Has any bite caused sufficient injury to require medical attention? Yes No If yes, describe:

How would you describe the problem? Getting worse ; Staying about the same ; Getting Better ;

When your dog threatens or attempts to bite, how do you handle the situation and what is your dog's reaction?

After your dog has bitten how do you handle the situation and what is your dog's reaction?

Describe any technique that seems to improve the problem:

Describe any technique that seems to aggravate the problem:

How would you describe your dog's attitude when aggressive? bold ; protective ; possessive ; outgoing ; fearful ; confused ; chase other If other, describe:

Describe your dog's expressions and postures when aggressive:

Does your dog seem 'guilty' or 'sorry' after aggression Yes No If yes, describe:

Are there children or people with mental or physical challenges at risk for aggression? Yes No If yes, describe:

Miscellaneous:

Please check if your pet exhibits any of the following behavior. If undesirable, please comment

	None	Occurs but no concern	Occurs, would like to improve	Reason for visit today	Comments/describe
Vocalize bark / whine / howl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jumps up – owner / stranger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pulls on leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Won't come when called	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nips / grabs with mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Only listens when feels like it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pushy / demanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In rooms / on furniture not allowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows / clingy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stool Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hunting / predation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Garbage Raiding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	None	Occurs but no concern	Occurs, would like to improve	Reason for visit today	Comments/describe
Food stealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Destructive chewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Night waking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Digging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eats non-food items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tail chasing / spinning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Licks Objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Star gazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fly chasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Light chasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Masturbation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roaming / running away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please provide further details if your pet is exhibiting any of the above (if not fully discussed)

Medical Screen

When was your dog's last veterinary visit?

Reason for visit:

Are vaccines up to date? Yes No If no, describe:

Does your pet have any ongoing medical problems? Yes No If yes, describe:

Is your pet presently on any medication? Yes No If yes, describe (include name, dosage, duration):

Has your dog had any laboratory tests (e.g. blood, urine, X-rays)? Yes No Date:

Tests:

If yes, indicate any abnormal findings:

Please have your veterinarian complete the medical section and submit any recent laboratory tests

Any change in appetite: Yes No Comments:

Any change in weight: Yes No Comments:

Does your pet drink excessively? Yes No If Yes, describe (how often, how much):

Does your pet have arthritis or any other painful condition? Yes No If yes, describe condition and treatment:

Have you noticed any deficits in your pet's senses? Yes No If yes, describe:

Have you noticed any change in stool frequency (how often) or in the way it looks Yes No If yes, describe:

Have you noticed any change in the frequency of urination or any discomfort? Yes No If yes, describe:

Have you noticed any other health issues: Yes No If yes, describe: