

CANINE BEHAVIOR HISTORY

Today's Date:

Owner's Name:

UTVMC Patient #:

Date/Time of appointment:

ANIMAL BEHAVIOR CLINIC, UT VETERINARY MEDICAL CENTER • JULIE ALBRIGHT MA DVM DACVB & NELLE WYATT LVT CPDT-KA
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PATIENT INFO

| | |
|-------------|------------------|
| Pet's name: | Breed: |
| Age: | Date of birth: |
| Sex: | Neutered/Spayed? |

OWNER INFO

| | | |
|---|--|-----------|
| Last name: | First name: | |
| Address: | | |
| <i>Circle preferred contact method below:</i> | Email: | |
| Phone Numbers: Home: | Cell: | Work/Day: |
| Who is your regular veterinarian? Dr. | Did someone other than your vet refer you? If so, who? | |
| Clinic Name: | | |
| Street: | Phone: | |
| City/State/Zip: | | |
| Last visit date: | and reason(s): | |

BEHAVIOR HISTORY

| Problem (brief description, detailed information on next page) | Age at which problem began | Frequency | Severity (check one) | Is it getting better or worse? |
|--|----------------------------|-----------|---|--------------------------------|
| | | | <input type="checkbox"/> Very serious <input type="checkbox"/> Serious <input type="checkbox"/> Not serious | |
| | | | <input type="checkbox"/> Very serious <input type="checkbox"/> Serious <input type="checkbox"/> Not serious | |
| | | | <input type="checkbox"/> Very serious <input type="checkbox"/> Serious <input type="checkbox"/> Not serious | |

Please mail, fax, or e-mail this completed form at least 3 days prior to your appointment. Thank You.

HOME ENVIRONMENT

Please list the people, including yourself, living in your household. Also, please briefly describe the way each person interacts with the dog and how the dog reacts to this person:

| Name | Age | Sex | Relationship (e.g. self, spouse) | Occupation (Optional but sometimes helpful) | Average # of hours away from home per day | Interactions |
|------|-----|-----|-------------------------------------|--|---|--------------|
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|--|-------|-----------|---|---|---|--------|---|--|
| How often do the members of your family have conflicts regarding how to handle the dog's behavior problems? (circle one) | Never | Sometimes | | | | Always | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |

Please list ALL the animals in the household **IN THE SEQUENCE THEY WERE OBTAINED**. Also, briefly describe the nature of the dog's interaction with this pet (e.g. occasional growls, little interaction, friendly, etc)

| Name | Species | Breed | Sex | Neutered/ Spayed? | Age obtained | Age now | Interaction |
|------|---------|-------|-----|----------------------|-----------------|---------|-------------|
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BACKGROUND INFORMATION

How long have you had your dog? Months Yrs How old was your dog when you first acquired him/her? Months Yrs

Where did you get your dog?

Was your dog orphaned? Yes No Unknown

Was your dog hospitalized for more than 3 days before the age of 6 months old? Yes No Unknown

Has this dog had other owners? Yes No If yes, how many?

Why was the dog given up by the previous owners?

Why did you acquire this dog?

Did you meet your dog's parents or do you have any information about littermates? Yes No If yes, please describe?

Was a temperament test performed? Yes No Unknown If yes, please describe the results:

Briefly describe your dog's behavior as a puppy (e.g. activity level, response to instructions):

AGGRESSION SCREEN

Please mark the appropriate response (growl, snap/bite, etc) based on your experiences with the dog.

Please do not attempt these actions now to test your dog's reaction.

If the dog previously has been aggressive in any situation, please indicate the target(s) of aggression (e.g. daughter, family friend, delivery person)

BA – Bark, **GR** – growl, **SRL** - snarl/bare teeth, **SN** – snap, **BB** – bite and broke skin, **BN** – bite and did not bite skin, **NR_{xN}** – no reaction, **N/A** – not applicable

| | | BA | GR | SRL | SN | BB | BN | NR _{xN} | N/A | Describe |
|----|--|----|----|-----|----|----|----|------------------|-----|----------|
| 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 | | | | | | | | | |
| 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 | | | | | | | | | |
| 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 | | | | | | | | | |

AGGRESSION SCREEN

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| | | BA | GR | SRL | SN | BB | BN | NR _{xN} | N/A | Describe |
|----|--|----|----|-----|----|----|----|------------------|-----|----------|
| 45 | unfamiliar child enters house or yard | | | | | | | | | |
| 46 | familiar adult enters house or yard | | | | | | | | | |
| 47 | familiar child enters house or yard | | | | | | | | | |
| 48 | response to toddlers/babies | | | | | | | | | |
| 49 | dog in car at drive-thru windows or, gas station | | | | | | | | | |
| 50 | unfamiliar adult approaches owner, dog on leash | | | | | | | | | |
| 51 | unfamiliar 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 a leash | | | | | | | | | |

INTERACTIONS WITH VISITORS

How does your dog behavior when visitors arrive?

| | | | |
|--------------------|----------------------|----------------|--------------------------|
| Frequent visitors: | Occasional visitors: | Rare visitors: | Repair/Delivery persons: |
| | | | |

What is the total number of aggressive episodes (growling, snapping, or biting) your dog has shown?

| | |
|---|----------------------------|
| How many times has your dog bitten a human? | How many bites broke skin? |
|---|----------------------------|

How many required medical attention?

INTERACTIONS WITH OTHER ANIMALS

What is your dog's response to unfamiliar dogs? Does this differ when on your property, in car, or off property?

What is your dog's response to cats or other small animals outside your household?

FEARS AND ANXIETIES

Please complete the table below. Please check all that apply.

| Circumstance | Defecates | Urinate | Salivates | Dilates Pupils | Trembles | Tucks Tail | Hides | Escapes | Destroys | Vocalizes |
|---------------------------------------|-----------|---------|-----------|----------------|----------|------------|-------|---------|----------|-----------|
| As you are leaving the house | | | | | | | | | | |
| Dog is home alone (no people) | | | | | | | | | | |
| Dog is home alone confined to a crate | | | | | | | | | | |
| Dog is at veterinary office | | | | | | | | | | |
| Fireworks | | | | | | | | | | |
| Thunderstorms | | | | | | | | | | |
| Loud noises | | | | | | | | | | |
| Gun shot | | | | | | | | | | |
| Flashes of light | | | | | | | | | | |

Please list any other specific stimuli (e.g., men, umbrellas, traffic noises) your dog seems to be afraid of:

Please describe the first and two most recent incidents in detail. Include date, people and animals present, location, trigger (e.g. visitor knocking on door), sequence of events leading to incident, how long the episode lasted, how you and target of any aggression reacted, and how quickly the dog returned to normal behavior (use back or separate page if necessary)

| | |
|------------------------|--------------|
| FIRST INCIDENT: | Date: |
| | |

| | |
|------------------------------|--------------|
| MOST RECENT INCIDENT: | Date: |
| | |

| | |
|-------------------------------------|--------------|
| SECOND MOST RECENT INCIDENT: | Date: |
| | |

TRAINING

Has your dog ever attended a training class or had a trainer come to your home? Yes No
 If so, please give details (when, where, age of dog, who trained dog)

What method of training was used (e.g. clicker training, leash corrections, special collars, etc.)

Name of trainer (optional)?

Primary trainer in family?

Have you done any specialized training with your dog (e.g. agility, tracking, fly ball)?

How did your dog perform in training class?

Have you consulted any other behavior specialists prior to your appointment with us? Yes No If yes, who?

What tasks will your dog reliably (over 90%) perform on verbal cue (no food reward)?

Sit Lie down Come Wait Stay Heel (not pulling) Watch Fetch Drop it

Other(s):

For which family members will your dog perform these tasks?

How did you housetrain your dog?

Does your dog urinate or defecate in the house now? Yes No If yes, how often, what time of day, and what location?

Have you ever used a crate? Yes No If yes, do you continue to use it? Never Rarely Sometimes Frequently

How do you play with or exercise your dog?

- Tug
- Fetch
- Wrestle Laser pointer/toy
- Obstacle training

- Nose Work/Scent games
- Free running (handler not along side)
- Leash run/hike (handler along side)
- Bike (dog along side)

Other(s):

How long on average is each session?

How many times/week?

What toys does your dog have?

Do you give your dog a treat-dispensing toys? What type (brand name if known)?

TRAINING TECHNIQUES AND DEVICES

This questionnaire is designed to help us evaluate any role previous treatment may play in either your dog's problems or in their resolution. Please check the items below that were recommended and/or attempted. **If your dog responded aggressively or with fear as a result of the use of any of these methods please indicate this response in the "outcome" column.** If our lists are not complete, or you feel that an explanation is warranted, please use the comment section below, or include on back or separate page.

| Recommendation | Attempted? (Y/N) | Currently used? (Y/N) | Poor outcomes - (Aggression, fear, improved behavior, worsened behavior, etc.) |
|---|---------------------|--------------------------|---|
| Stare at or "stare down" | | | |
| Grab by jowls/scruff +/- shake | | | |
| Shake or throw a can | | | |
| Hold dog down as a correction for misbehavior | | | |
| "Time out" (if done, specify where, when, and how long) | | | |
| Slip lead or pronged collar | | | |
| Water pistol / spray | | | |
| Halti or Gentle Leader head collar | | | |
| No-pull Harness (e.g. Easy Walk) | | | |
| Bark or remote-activated shock collar | | | |
| Invisible/electric fence (inside or out) | | | |
| Bark collar (which type – shock, spray, ultrasonic) | | | |
| Exposure to frightening things (if done, specify what, how long, dog's reaction) | | | |
| Knee dog in chest/pinch toes for jumping | | | |
| Hit or kick dog | | | |
| Growl at dog | | | |
| Apply constant or strong pressure to choke collar/slip lead | | | |
| Yell at dog | | | |
| Indoor Crate | | | |
| Say "sshhtt" or jab neck for misbehavior | | | |
| Agility or other sport activity | | | |
| Remote control shock collar | | | |
| Use of food or puzzle toys (e.g. Kongs, etc) | | | |
| Reward for good behavior (if so, what rewards, e.g. food, praise)? | | | |
| Kennel outdoors | | | |
| Tether/tie out on a line in yard | | | |
| Use of muzzle at home or on walks | | | |
| Teach dog "look" or "watch me" | | | |
| Increase play/exercise | | | |
| Clicker training | | | |
| Avoid things that trigger fear or aggression | | | |
| Remove food bowl while eating | | | |
| Pheromones (DAP, Comfort Zone) | | | |

Anything else that was tried?

Comments:

ENVIRONMENT

What type of area do you live in (Urban, suburban, etc.)?

What type of home do you live in (studio, apartment, house)?

Do you have a yard? Yes No If yes, what type of fence do you have?

Fence Height:

Has your household changed since acquiring your dog? Yes No If yes, how?

DAILY SCHEDULE

How many times is your dog walked on a leash per day?

What is the average length of each leash walk
(please do not include yard time)?

How much time does the dog spend in the outdoors unsupervised?

Does your dog have access to the outside through a dog door? Yes No

Where is your dog when home alone?
(e.g. confined to a room or crate, loose in the house, outdoors, etc.)

Where is your dog when you have guests?
Please indicate whether this is by choice, or whether you put him/her there.

How does your dog behave as you prepare to leave?

How does your dog behave when you return?

Where does your dog sleep at night?

What is a typical day (24 hours) in the pet's life like? Please start with where the pet is when you wake up in the morning.

DIET AND FEEDING

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

How many meals is your dog fed each day?

Does your dog finish each meal? if not, is the food bowl left out all day?

Where is your dog's food bowl?

Does your dog have any food allergies or diet restrictions? Yes No If yes, please describe:

MEDICAL HISTORY

At what age was your dog neutered/spayed (if applicable)? Reason:

If your dog is not neutered has he/she ever been bred? Yes No Unsure

Are you planning to breed your dog? Yes No Unsure

Is your pet currently receiving heartworm and flea/tick prevention? Yes No If yes, please list the type:

Do you ever use the following medications/treatments for your dog? tramadol (pain medication) Promeris topical flea prevention Preventic collar

Is your pet on any medications at this time? Yes No If yes, please specify:

MEDICAL PROBLEMS: Please list any previously diagnosed medical problems and how they were treated.

| Date | Diagnosis | Treatment (including medications and dosage) | Outcome |
|------|-----------|---|---------|
| | | | |
| | | | |
| | | | |
| | | | |
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Please list any **BEHAVIORAL** medications and **supplements** you have administered to your pet:

| Date | Treatment | Outcome |
|------|-----------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |

MISCELLANEOUS

Does your dog ever mount people, dogs or objects? Yes No If yes, who/what and how often?

Does your dog ever lick people, himself, or inanimate objects excessively? Yes No If yes, who/what and how often?

Is your dog sensitive about having certain body parts touched or handled (especially ears and feet)? If yes, which parts?

Please check the statement that best describes how you are feeling about your dog's behavior problem:

- I am here only out of curiosity - problem is not serious.
- I would like to change the problem, but it is not serious.
- The problem is serious and I would like to change it, but if it remains unchanged that's all right.
- The problem is very serious and I would like to change it, but if it remains unchanged I will keep my dog.
- 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.

EXPECTATIONS

What are your expectations for your appointment with the Behavioral Medicine Clinic?

If there is anything else you would like to add about your pet's behavior please feel free to add comments or attach additional pages to this questionnaire. If you think a map or drawing of your house and/or yard would be helpful, please feel free to include one.

Completed by Owner/Agent – No Signature Required

Please mail, fax, or e-mail this completed form at least 3 days prior to your appointment. Thank You.