

History Questionnaire

Today's Date:

Dog's Name:

DOB/Age:

Breed:

Male/Female:

Spayed/Neutered:

Owner's Name:

Address:

City:

State/ZIP:

Phone Number:

Cell Phone Number:

e-mail:

Referred by:

Veterinarian/Clinic's address and phone number:

Background

Where did your dog come from?

If known background, why was your dog given up?

How long have you had your dog?

How did your dog react and behave when s/he first met you?

If you got your dog from a breeder, did you meet his/her biological (canine) parents? If yes, how did they react when they met you?

How did you/are you socializing your dog (e. g. meeting people/children, visiting places, dog park, walks, ...)?

Do you have previous dog experience? If yes, please explain.

Why did you choose this particular **breed**? Why did you choose this particular **dog**?

What role does your dog play in your life (e. g. companion, guard dog, playmate for other dog)? What were your hopes and goals when you welcomed your dog into your family?

Please list all family members including age and pets with breed and age in your household.

Physical and Medical Issues

Is your dog current on vaccinations (DHL-PP, Rabies, Others (please list)), and/or titers?

When was your dog's last veterinary exam?

Does your dog have any known medical problems? If yes, please explain.

Is your dog on any kind of medication? If yes, please give details.

Is your dog spayed/neutered? If yes, at what age?

Does your dog have any food allergies? If yes, please explain.

Feeding, Treats and Chew Items

What type of food is your dog being fed?

What types of treats, cookies or chew items does your dog get, and how often?

How many times a day and how much is your dog fed?

If feeding on a schedule, at what hours is your dog fed?

Does your dog eat right away and finish the entire meal?

Where is your dog fed and who is nearby when s/he eats?

Does your dog guard his/her food?

Who does the feeding?

Logistics

Where does your dog sleep?

How much uninterrupted quality sleep does your dog get every day?

Is your dog allowed on the furniture? If yes, will s/he get off when you tell him/her to?

Where does your dog eliminate?

Do you have a yard? Is it fenced? What kind of fencing?

Where is your dog kept when nobody is at home?

When you confine your dog (e. g. crate, separate room), how does s/he behave?

For what period of time, on average, is your dog left alone?

What percentage of time does your dog spend indoors versus outdoors?

How do you exercise your dog (e. g. walks, throwing a ball, teaching tricks, dog sports)?

How much exercise does your dog get each day?

Training

What kind of collar do you use on your dog (e.g. buckle collar, choke chain, pinch/prong, e-collar)?

Has your dog had any previous training? Describe training methods (e. g. positive reinforcement, correction-based) and who did the training.

What commands (e. g. sit, down, come, heel, watch/name (attention)) does your dog know?

How reliable, would you say, are your dog's responses to your commands (please circle)?

Sit:	0%	25%	50%	75%	100%
Down:	0%	25%	50%	75%	100%
Come:	0%	25%	50%	75%	100%
Wait/Stay	0%	25%	50%	75%	100%
Heel/Loose leash walking:	0%	25%	50%	75%	100%
Attention to name:	0%	25%	50%	75%	100%

Describe how you reprimand, correct or punish your dog for unwanted behavior, and give an example of the circumstances under which you might do so.

Describe how you reward your dog for good behavior.

Who will be responsible for training your dog? What will the role of other family members be during the training/behavior modification process?

General information

Is your dog housebroken?

Is your dog crate-trained? If yes, what type of crate do you use (wire, airline, soft)?

How is your dog with other dogs:

On leash:

Off leash (if applicable):

Can you describe a typical day in the life of your dog?

What are your dog's favorite treats (please list at least 3)?

What are your dog's favorite toys or games (please list at least 3)?

What is your dog's favorite activity (please list at least 3, e. g. going for a ride, swimming)?

What is your dog's least favorite thing?

Can family members handle (e. g. stroke, restrain, examine) your dog physically? Bathe? Trim nails?

Does your dog enjoy being petted? Does he get excited or calm when petted? What are his favorite body parts that he likes rubbed? What are his least favorite body parts?

Please describe your dog's behavior around (please circle):

People within the home:

- | | | | | |
|---------------------------------|----------|-------------------|---------|------------|
| - Men | friendly | shy, but warms up | fearful | aggressive |
| - Women | friendly | shy, but warms up | fearful | aggressive |
| - Babies | friendly | shy, but warms up | fearful | aggressive |
| - Toddlers | friendly | shy, but warms up | fearful | aggressive |
| - Children | friendly | shy, but warms up | fearful | aggressive |
| - Teenagers | friendly | shy, but warms up | fearful | aggressive |
| - Friends coming to the house | friendly | shy, but warms up | fearful | aggressive |
| - Strangers coming to the house | friendly | shy, but warms up | fearful | aggressive |

People outside of home:

- | | | | | |
|---|----------|-------------------|---------|------------|
| - Unknown men | friendly | shy, but warms up | fearful | aggressive |
| - Unknown women | friendly | shy, but warms up | fearful | aggressive |
| - Unknown babies | friendly | shy, but warms up | fearful | aggressive |
| - Unknown toddlers | friendly | shy, but warms up | fearful | aggressive |
| - Unknown children | friendly | shy, but warms up | fearful | aggressive |
| - Unknown teenagers | friendly | shy, but warms up | fearful | aggressive |
| - Friends | friendly | shy, but warms up | fearful | aggressive |
| - Unusual people, if encountered (e. g. different nationality, in wheelchair, erratic or atypical behavior) | | | | |
| Please specify: | | | | |
| 1) | friendly | shy, but warms up | fearful | aggressive |
| 2) | friendly | shy, but warms up | fearful | aggressive |
| 3) | friendly | shy, but warms up | fearful | aggressive |

How does your dog react to:

- Hats:
- Sunglasses:
- Walker/Wheelchair:
- Bicycles:
- Joggers:
- Loud Noises:
- Unusual smells:
- Other triggers (please explain):

Behavior Issues

When did the behavior first manifest?

Can you think of a particular event (e. g. house move, new medication, traumatic experience, food change, addition to the family, dog moved in next door...) or any changes in the household at the time the behavior first manifested which may have triggered or contributed to the start of this behavior?

How often does the behavior occur, or has the behavior occurred so far?

Please list the last three occurrences of the behavior in detail, starting with the most recent incident, including dates.

Incident 1:

Date and time of day:

Trigger (e. g. dog, car, person, thunder, visitor, owner leaving, light/shadow):

Location:

Distance from the trigger, if applicable:

People present:

Description of unwanted (e. g. stiff, rolls on his back, barks, snarls, growls, snaps, stares, lunges, bites, shakes, tucks tail, raises hackles on back, hides under bed, redirects, hovers over resource, spins, licks, chews, eliminates, nips heels, charges, chases):

What do you think is your dog's motivation and reason for these behaviors (e. g. wants to say hi to another dog, guards territory or resource, wants person/dog to leave/stay, fear of ____, fun, etc.)?

Any other comments:

Incident 2:

Date and time of day:

Trigger (e. g. dog, car, person, thunder, visitor, owner leaving, light/shadow):

Location:

Distance from the trigger, if applicable:

People present:

Description of unwanted behavior (e. g. stiff, rolls on his back, barks, snarls, growls, snaps, stares, lunges, bites, shakes, tucks tail, raises hackles on back, hides under bed, redirects, hovers over resource, spins, licks, chews, eliminates, nips heels, charges, chases):

What do you think is your dog's motivation and reason for these behaviors (e. g. wants to say hi to another dog, guards territory or resource, wants person/dog to leave, fear of ____, fun, etc.)?

Any other comments:

Incident 3:

Date and time of day:

Trigger (e. g. dog, car, person, thunder, visitor, owner leaving, light/shadow):

Location:

Distance from the trigger, if applicable:

People present:

Description of unwanted behavior (e. g. stiff, rolls on his back, barks, snarls, growls, snaps, stares, lunges, bites, shakes, tucks tail, raises hackles on back, hides under bed, redirects, hovers over resource, spins, licks, chews, eliminates, nips heels, charges, chases):

What do you think is your dog's motivation and reason for these behaviors (e. g. wants to say hi to another dog, guards territory or resource, wants person/dog to leave, fear of ____, fun, etc.)?

Any other comments:

What would you most like to change about your dog's behavior (in order of importance)?

What would you like your dog to do INSTEAD (in order of importance, e. g. sit instead of jumping up)?

How do you react when your dog shows this behavior?

Has the frequency of the behaviors increased, decreased, or remained the same?

Has the intensity of the behaviors increased, decreased or remained the same?

Has your dog ever bitten or tried to bite anyone? If yes, please explain in detail, if not already mentioned in the incident list above.

In case of a bite, did your dog break skin (cause bleeding or require stitches)? Please give details. You may want to refer to Ian Dunbar's bite scale below:

- Level 1: Bark, lunge, no skin/teeth contact
- Level 2: Teeth touched skin, no puncture.
- Level 3: 1-4 holes from a single bite. All holes less than half the length of the canine tooth, wound can be either circular or torn (tearing due to dog or victim).
- Level 4: Single bite similar to Level 3, deep puncture (to the full length of the canine tooth or deeper), with rips, bruising, crushing

Level 5: **Multiple** level 4 bites
Level 6: Death of victim

In case of a bite, was the bite reported? Was your dog quarantined? Were there any other repercussions (e. g. loss of insurance, mandatory confinement, must wear muzzle in public, etc.) ?

What prompted you to seek help at this time?

What has been done so far to address the problem? Have you worked with other trainers, behaviorists, vets to address the issue? What were their suggestions and prognoses?

How much time **per day** do you have available to invest in the training and behavior modification of your dog?

In order for training and behavior modification to be successful, you must be able to manage and prevent your dog's unwanted behaviors in the interim and while not actively working with your dog. How will you achieve this (e. g. cover windows, walk dog when nobody is outside, canine enrichment inside the home).

What other options, if any, have you considered should the issue not be solvable (e. g. management, other home, other)?

Can you offer any other information that might be helpful? Please add more lines or more pages, as you feel necessary.

Thank you for your time and commitment to fill out this questionnaire. I can get a better picture of your dog and his/her environment, the more information you provide.

Please return the questionnaire to:

**HeRo Canine Consulting LLC
attn. Silke Wittig
175 B Tunnel Road
Bloomsburg, PA 17815**

or email it to: contact@herocanineconsulting.com