

Medical Record #:

Animal's Name:

Owner:

Species:

Age:

Sex:

Phone:

Email:

VMR150\_CanineBehaviorHistory | UPDATED 04/12/22

# UTCVM VETERINARY MEDICAL CENTER

## CANINE BEHAVIOR HISTORY

Today's Date:

Owner's Name:

UTCVM Patient #:

Date/Time of appointment:

BEHAVIOR SERVICE, UTCVM VETERINARY MEDICAL CENTER • JULIE ALBRIGHT, MA, DVM, DACVB & RACHEL LEES, LVT, VTS (BEHAVIOR)  
2407 River Drive, Room C247, Knoxville TN 37996-4544 phone: 865-974-8387 fax: 865-974-0174 email: vetclientservices@utk.edu

### PATIENT INFO

Pet's name:	Breed:
Age:	Date of birth:
Sex:	Neutered/Spayed?
Coat Color:	Approximate Weight:

### OWNER INFO

Last name:		First name:	
Address:	City:	State:	Zip Code:
<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

Basic description of problem (e.g., destruction when left alone, urinating in the house, bite to visitors to the home)	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 email or fax this form to indicate you would like to schedule an appointment and a team member will contact you. 1 of 10

**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

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

**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<sub>xN</sub>** – no reaction, **N/A** – not applicable

		BA	GR	SRL	SN	BB	BN	NR <sub>xN</sub>	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									

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		BA	GR	SRL	SN	BB	BN	NR <sub>xN</sub>	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)

<b>FIRST INCIDENT:</b>	<b>Date:</b>

<b>MOST RECENT INCIDENT:</b>	<b>Date:</b>

<b>SECOND MOST RECENT INCIDENT:</b>	<b>Date:</b>

**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

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.**