

Dee Ganley CPDT, CABC, CDBC
Dog Training &
Behavior Consultant



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Client Name and Address: _____

Tel: _____ Business: _____

Fax: _____ Email: _____

Name of Dog: _____ Breed: _____

Why did you select this breed? _____

Is this your first dog? _____

Dog's Age: _____ Age when obtained: _____

Spayed/Neutered: _____ Age when spayed or neutered: _____

Reason for neutering: _____

Have you noticed any behavioral changes since neutering? _____

Date of last vet visit: _____ Reason for going: _____

Any medical problems? _____

Current medications? _____

What is your dog's behavior problem? _____

When did you first notice this problem? _____

How old was your dog at the onset? _____

How long does each incident last? _____

Frequency of occurrences? _____

Are there changes in the pattern, frequency, intensity and/or length of incidents from the time of onset to the present? _____

Are there any specific conditions that seem to trigger the behavior? _____

Can you interrupt your dog when engaged in the behavior? _____

Describe what you have you done to try to stop the behavior: _____

What does your dog do when you try to stop the behavior? What is his reaction to you? _____

Please describe in detail the last time this problem occurred: _____

Social History: _____

Where did you get your dog? _____

At what age? _____

Breeder? _____

Do you know if the dog's parents or siblings engaged in similar behaviors or had other behavioral problems? _____

List all people living in your household. Include children's ages. _____

Are there other pets in your household? Please list species, breed, age, sex, neutered or spayed. Were these pets in your home when your dog was acquired? _____

Describe the interactions between the animals in your home. _____

Describe the interactions between the dog and your family members. _____

How does your dog react to strangers? _____

Behavior of your dog in the vet's office and during exams? _____

Where does your dog primarily live? Inside, outside? Does your dog have free access to all areas of your home? Is your dog restricted in any way? _____

Describe a typical day for your dog. (24 hour) Start with when your dog wakes up, _____

Type of food: _____ When fed: _____

Other food, treats, table scraps? _____

Exercise? Be specific. _____

What games do you play with your dog? _____

How long do you engage in playing with your dog each day? _____

Does your dog play with other animals? _____

For how long? Where? _____

Have you attended training classes with your dog?__

Will your dog willingly: (circle all that apply)

Sit Down Wait Loose-Leash Walk

Heel Come Stand Stay

Fetch Tricks Leave it Other skills

Does your dog like to work for: (circle all that apply)

Food Ball/Tug Praise Petting No Reward

How do you reward your dog? _____

How do you punish your dog? _____

Who punishes the dog? _____

Does your dog demand to be petted? _____

Does your dog seem irritated by or resent petting? _____

Does your dog bark excessively? _____

Does your dog cower or run away if people talk loudly or act boisterously? _____

Does your dog ever urinate or roll over on his/her back when greeting you? _____

Does your dog ever urinate or roll over on his/her/back when greeting strangers? _____

Does your dog ever urinate or roll over on his/her/back when greeting dogs? _____

Is your dog comfortable in crowds? _____

How does your dog react when strangers come to your house? _____

How does your dog act when he meets strange dogs?

When both are on the leash: _____

When both are off leash: _____

When one is free and one is leashed: _____

Is your dog frightened excessively by anything (circle)?

Thunderstorms flies gunshots fireworks other

Does your dog chase (circle)?

Running child jogger bicyclist Cats other animals cars

Does your dog urinate/defecate in the house? _____
