



Trish King, CPDT-KA, CDBC

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### *Behavior History Form*

<i>Consult Date and Time:</i>			
Name:			
Other adults:			
Dog's Name:	Age:	Sex	Weight
Breed type:			
How long have you had the dog?			
Dog's age when acquired?			
Where did you get the dog?			
If your dog is adopted, what information, if any, do you have about his previous life?			
Spayed/Neutered?		At what age?	
▪ Number of people in household:			
▪ How many children, names and ages:			
▪ Other dogs in household, names and ages:			
▪ Other pets in household, names and ages:			
▪ Your experience level:			
▪ First time owner _____ Somewhat experienced _____ Experienced _____			
▪ Veterinarian:			
▪ List any medications your dog is taking:			
▪ Please describe your dog's behavior problem(s) (go into as much detail as you wish)			



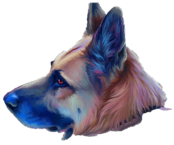
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▪ <i>How often do the problems occur?</i>
• <i>What has been done so far to correct the problems? Type of discipline, confinement, training, etc.</i>
▪ <i>What was the dog's response to these corrective measures?</i>
• <i>Have you consulted a behavior specialist or taken a training class with your dog?</i>
▪ <i>How often do you feed your dog?</i>
▪ <i>Once daily _____ Twice daily _____ Free feeding _____</i>
▪ <i>What type of food?</i>
▪ <i>What kind of exercise does your dog get on a daily basis?</i>
▪ <i>Does your dog go to daycare or have a dog walker?</i>
▪ <i>Does the dog have any physical problems?</i>



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▪ *How long is your dog left alone?*

▪ *What makes your dog bark?*

▪ *Do you know whether your dog played at dog parks, whether official or casual? If so, when and how often?*

*Frequently*

*One or two times*

*Occasionally*

*Never*

• *Is your dog overprotective of any of the following?*

*Food*

*Property*

*Toys*

*You or another person*

▪ *Has your dog ever been attacked? If so, at what age?*

▪ *Three (or more) activities that your dog likes/loves:*

1.

2.

3.

▪ *Three (or more) foods that your dog likes/loves:*

1

2

3

*What are your goals for this dog?*



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