



# Cannon Veterinary Services

31310 Woodhaven Trail Cannon Falls MN 55009 651-258-4050



## Canine Behavior History

Please answer the following questions and return this form prior to your 1<sup>st</sup> appointment.  
Email to [Linda@cannonvet.com](mailto:Linda@cannonvet.com) // Fax to 651-258-4051 // or Mail to above address.  
Please answer the following questions carefully. Feel free to add any other important information.  
This completed form will be utilized to assess your dog's behavior and to form an individualized treatment plan.

### General Information

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Status: Intact \_\_\_\_\_ Spayed \_\_\_\_\_ Neutered \_\_\_\_\_

### Routine Veterinarian:

Dr. \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Will you give permission to discuss this case with your current vet? Yes \_\_\_ No \_\_\_

### Dog's Medical History

Are your dog's vaccinations up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the date of your most current rabies vaccination? \_\_\_\_\_

Where was it administered? \_\_\_\_\_

Has a comprehensive blood chemistry panel been run? If so, when? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your dog currently on any medication? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dog's Background:**

Where did you get this dog? Breeder \_\_\_ Pet Store \_\_\_ Friend \_\_\_ Shelter \_\_\_  
Why did you acquire this dog? For a child \_\_\_ As a companion \_\_\_ For protection \_\_\_  
Why did you choose this breed? \_\_\_\_\_  
How many previous owners has your dog had? \_\_\_\_\_  
What was their explanation for returning this dog? \_\_\_\_\_

How old was your dog when you brought it home? \_\_\_\_\_  
Do you know how many littermates your dog has? Males \_\_\_\_\_ Females \_\_\_\_\_  
Why did you choose this dog over others? \_\_\_\_\_

Was a temperament test performed? Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_  
Did you meet the parents? Yes \_\_\_\_\_ No \_\_\_\_\_  
Describe their behavior: \_\_\_\_\_

Describe your dog's behavior as a puppy? Was there anything unusual?  
\_\_\_\_\_  
\_\_\_\_\_

At what age was your pet neutered or spayed? \_\_\_\_\_  
Were there any behavior changes after the surgery? \_\_\_\_\_

If your dog is intact, has he/she ever been used for breeding purposes? Yes \_\_\_ No \_\_\_  
Are you planning to breed? Yes \_\_\_ No \_\_\_ Unsure \_\_\_  
If your dog is an intact female, when was her last heat cycle? \_\_\_\_\_  
Was it normal? \_\_\_\_\_

**Diet and Feeding Schedule**

When is your dog fed? AM \_\_\_\_\_ PM \_\_\_\_\_ Both \_\_\_\_\_  
What brand of food do you feed your dog? \_\_\_\_\_  
Dry \_\_\_ Canned \_\_\_ Table Scraps? \_\_\_ How much food? \_\_\_\_\_  
Has your dog's appetite changed recently? Increased \_\_\_ Decreased \_\_\_  
Describe your dogs feeding habits? Good Appetite \_\_\_ Finicky \_\_\_ Voracious \_\_\_  
Who feeds your dog? \_\_\_\_\_  
Where do you feed your dog (location)? \_\_\_\_\_  
What is your dog's favorite treat? \_\_\_\_\_

**Your Previous Dog Experience:**

Have you owned other dog's in the past? \_\_\_\_\_

If so, what breed? \_\_\_\_\_

Did they exhibit any behavior issues? \_\_\_\_\_

Have you obedience trained other dogs? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what method was used? \_\_\_\_\_

What commands did you use? \_\_\_\_\_

**Home Environment**

Where do you live? Apartment \_\_\_ City/town \_\_\_ Suburbs \_\_\_ Rural area \_\_\_

Have you moved since you acquired this dog? Yes \_\_\_ No \_\_\_ How many times? \_\_\_

Does your dog live in the house? Yes \_\_\_ No \_\_\_

Where does your dog sleep? Bedroom floor \_\_\_ On the bed \_\_\_ In the kitchen \_\_\_

In a Crate \_\_\_ Outdoor kennel \_\_\_ Other \_\_\_ Explain \_\_\_\_\_

At what age did you begin to crate your dog? \_\_\_\_\_

When you are gone, where does your dog stay? Please be specific. \_\_\_\_\_

How many hours per day is your dog in the crate? <5hrs \_\_\_ 5 to 10 \_\_\_ >10hrs \_\_\_

Is your dog house trained? Yes \_\_\_ No \_\_\_

Does your dog ever eliminate in the house? Yes \_\_\_ No \_\_\_ Urinate \_\_\_ Defecate \_\_\_

Describe your dog's typical day? \_\_\_\_\_

When you are leaving the house, how does your dog behave? \_\_\_\_\_

Describe your dog's behavior when you return home? \_\_\_\_\_

How does your dog behave with familiar visitors? \_\_\_\_\_

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How does your dog behave with unfamiliar visitors? (Adults) \_\_\_\_\_

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(Children) \_\_\_\_\_

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When you have guests, where is your dog? Please be specific. \_\_\_\_\_

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How much and what type of exercise does your dog get? \_\_\_\_\_

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Do you tie your dog up? \_\_\_\_\_ Do you have a fenced yard? \_\_\_\_\_ Dog Run? \_\_\_\_\_

Is your dog allowed to run free? \_\_\_\_\_

What are your dog's favorite toys? \_\_\_\_\_

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How do you play or interact with your dog? \_\_\_\_\_

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Since acquiring your dog, has your household changed (people or animals)?

Yes\_\_ No\_\_ Please describe? \_\_\_\_\_

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**Please list the names of the people, including yourself, living in your household.**

**Please include the ages of the children.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Hours away from home: \_\_\_\_\_

1)

2)

3)

4)

5)

6)

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**Please list all of the animals in the household. Start with this dog.**  
**Also indicate what sequence they were brought into your household.**

<u>Name</u>	<u>Species</u>	<u>Breed</u>	<u>Sex</u>	<u>Age Obtained</u>	<u>Age Now</u>	<u>Sequence</u>
1)						
2)						
3)						
4)						
5)						
6)						

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Describe your dog's interaction with the other household animals?

Friendly \_\_\_\_\_ Hostile \_\_\_\_\_ Fearful \_\_\_\_\_

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Describe your dog's behavior around other dogs? \_\_\_\_\_

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## **Behavior Issues**

What behavior issues are you experiencing with your dog?

**How frequently do they occur (D=daily, W= weekly or M=monthly)?**

**Negative Behavior Issue**

**Frequency**

1)

2)

3)

4)

5)

6)

- 7)
- 8)
- 9)
- 10)

**What was the age of your dog when you first noticed the main behavior issue?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When did it become a serious concern?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What is the general circumstance in which he/she exhibits this behavior?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has the behavior changed in frequency or intensity?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe the most recent example of this negative behavior?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe the 2<sup>nd</sup> to the last example of this behavior?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe other significant incidents?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In the past, what discipline have you used to correct this behavior issue?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What discipline, have you used to correct other negative behaviors? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Obedience Training**

**What basic training has your dog had? Please Highlight or circle one.**

None	Trained at home	Started classes but did not finish
Graduated from one obedience course	Graduated from class 2 or more levels	

Has your dog ever been to group obedience classes? Yes \_\_\_ No \_\_\_  
Have you had any private obedience instruction? Yes \_\_\_ No \_\_\_  
How many weeks of training? \_\_\_\_\_  
How old was your dog when obedience was started? \_\_\_\_\_  
What training class did you attend? \_\_\_\_\_  
Does your dog have any awards or titles? \_\_\_\_\_  
Please describe \_\_\_\_\_

What training methods or philosophy did they use? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who was the instructor or behaviorist? \_\_\_\_\_  
Briefly describe you impressions or benefits from the training. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is the primary trainer in the family? \_\_\_\_\_  
If married, do both adults train or work with the dog? Yes \_\_\_ No \_\_\_  
If so, is there consistency? \_\_\_\_\_  
\_\_\_\_\_

Are children involved in the training process? Yes \_\_\_ No \_\_\_  
If so, what do they do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will your dog come when it is called? Yes \_\_\_ No \_\_\_  
Please Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your dog know any tricks? Yes \_\_\_ No \_\_\_  
Please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CVS Training Behavior Questionnaire

Please circle the behavior issues that your dog exhibits.

Rate the Behaviors (1=Never, 2=Occasional, 3=Often)

Owner: \_\_\_\_\_ Dog: \_\_\_\_\_

### Dog Behaviors

### Scale

Aggression towards people

Aggression towards other dogs

Aggression towards cats

Barking excessively

Biting

Chewing

Chasing cars, people, or other dogs

Coprophagia (eating of stool or other animals feces)

Destructiveness (scratching or digging)

Dominance (dog takes alpha position)

Excessive chewing

Excitability (out of control)

Fearfulness (shy or phobic reactions)

Growling

Howling

House soiling (urination, submissive urination, dominance marking, or defecation)

Jumping up (owners, guests, counters, furniture)

Mouthing or play biting on your hands or clothing

Riding your legs, small children, blankets, or pillows (in a sexual manner)

Wrapping their legs around your arm or legs (as an attention getter)

Separation Anxiety

Stealing food from counters

Stealing your clothes or objects

Submissive Behavior

Sleep issues

Trash



# CVS Aggression Screen

Please fill out. The codes are as follows.

GR=growl SL=snarl/bare teeth SB=snap or bite NR=no reaction NA=not applicable

Owner: \_\_\_\_\_ Dog: \_\_\_\_\_

## Your Actions

## Code

- 1) Pet your dog
- 2) Hug your dog
- 3) Kiss your dog
- 4) Lift your dog
- 5) Approach your dog while on furniture
- 6) Approach when dog has an object or bone
- 7) Call your dog off of furniture
- 8) Push or pull your dog off of furniture
- 9) Disturb dog while resting or sleeping
- 10) Approach dog while eating
- 11) Touch dog while eating
- 12) Take dog food away
- 13) Take human food away
- 14) Take water dish away
- 15) Take rawhide away
- 16) Take a biscuit or treat away
- 17) Take a real bone away
- 18) Take toy or object away
- 19) Speak to dog in a normal tone of voice
- 20) Verbally punish
- 21) Physically punish
- 22) Stare at your dog
- 23) Bend over your dog
- 24) Push on your dog's shoulder or back
- 25) Approach your dog when near spouse or children
- 26) Enter a room
- 27) Leave a room
- 28) Reach toward your dog
- 29) Collar restraint
- 30) Leash restraint or correction
- 31) Scruff restraint
- 32) Put collar on or take off
- 33) Put leash on or take off
- 34) Bathe your dog
- 35) Towel dry your dog
- 36) Groom or brush your dog
- 37) Trim his/her nails
- 38) Dog Behavior at the Groomers

Your Actions

Code

- 39) Dog Behavior at a Veterinary Clinic
- 40) Unfamiliar adult enters the house or yard
- 41) Unfamiliar child enters the house or yard
- 42) Unfamiliar adult approaches the owner while dog is on leash
- 43) Unfamiliar child approaches the owner while dog is on leash
- 44) Familiar adult enters the house or yard
- 45) Familiar child enters the house or yard
- 46) Response to toddlers or babies
- 47) Your dog's reaction when at gas station
- 48) Your dog's reaction while in house and sees people outside
- 49) Response to other dogs while on leash
- 50) Response to other dogs while off leash
- 51) Dog's reaction when you crate him/her

On a scale of 1 to 5

**Please share with me how you feel about your dog's behavior issues?**

- 1) I am here only out of curiosity.
- 2) I would like to change his/her behavior issue, but it's not serious.
- 3) The issue is serious and I want to change it. However if it remains unchanged, I will still keep my dog.
- 4) The issue is serious and I am committed to modifying my dog's behavior. I will do whatever it takes.
- 5) I realize how serious the behavior issue is and if I cannot change it—I will have my dog euthanized.

Please date this form, circle the rating, sign it, and give it to Linda.

Date: \_\_\_\_\_ Scale rating: 1 2 3 4 5

Signature: \_\_\_\_\_

**IF YOUR DOG IS AGGRESSIVE TOWARDS PEOPLE**

**(Please complete this section by checking yes or no to the behaviors)**

Owner: \_\_\_\_\_ Dog: \_\_\_\_\_  
Yes No

- 1) The attacks are sudden and surprising.
- 2) The episodes appear unprovoked.
- 3) After an attack, the dog appears docile.
- 4) The dog appears to feel sorry afterwards.
- 5) The dog appears disoriented afterwards.
- 6) The episodes are associated with a “glazed or absent” expression.
- 7) Does your dog suffer from a physical condition?
- 8) The aggressive behavior is new and uncharacteristic.
- 9) Does your dog exhibit aggression towards family members?
- 10) Is your dog more aggressive towards women or men?
- 11) Has your dog ever killed any animals?
- 12) Is there a person that your dog never shows aggression towards?

If so, who? \_\_\_\_\_

13) Has your dog bitten or broken the skin on anyone? Yes \_\_\_ No \_\_\_

If so, how many times has your dog bitten and broken the skin? \_\_\_\_\_

Describe in detail the last bite incident (what, where, when, why)? \_\_\_\_\_

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How many bites did not break the skin? \_\_\_\_\_

Did your dog show any aggression as a puppy? Yes \_\_\_ No \_\_\_

If so, Please describe age and circumstance. \_\_\_\_\_

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How old was your dog the first time he/she growled at a person? \_\_\_\_\_

Who does your dog act aggressive towards? \_\_\_\_\_

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How many aggressive episodes has your dog been involved in (growling, snapping, or biting)? \_\_\_\_\_

Please describe the typical episode: \_\_\_\_\_

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**Please add any additional comments or information that you think I should know? \_\_\_\_\_**

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**What are your expectations of this program? \_\_\_\_\_**

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**In order for this program to succeed, you as the owner must assume the alpha position and become the pack leader within your animal family. Together we will develop a behavior modification program and training schedule. I will explain the recommendations and requirements for this program to be successful. It is up to you and your family to show complete dedication and to follow through with the training. You will appreciate this rewarding experience!!!**

**On behalf of myself and Cannon Veterinary Services, I would like to thank you for filling out this Canine Behavior History Form.  
I am excited to work with you and your dog.**

**Please return it, prior to your 1<sup>st</sup> appointment.**

**Email it to [Linda@cannonvet.com](mailto:Linda@cannonvet.com) Fax to 651-258-4051 or Mail to the above address  
Feel free to add any other important information. This completed form will be utilized to assess your dog's behavior and to form an individualized treatment plan for you.**

**LINDA WINTER ----- CANNON VETERINARY SERVICES LTD.**