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Canine Behavioral History Form

Name of Client					
Address of Client					
Home Phone ()		Cell Phone ()			
Patient's Name					
Species		Breed			
Sex: □F □SF □M	□CM □Unknown	Age			
Main behavior problem or o	chief complaint?				
When did problem begin?					
Under what circumstances of	loes the behavior problem oc	cur?			
□Off-property	□On-Property				
□On-leash	□Off-leash				
□With stranger's	☐With family members				
	With other animals				
\square When food or toys are pre-	sent				
Only in certain locations_					
□Only when certain individ	uals are present				
□Only when alone					
Aggressive Behavior					
Is the aggressive behavior u	sually directed toward a parti	icular person, animal or object?			
Exactly what does your dog Bark Growl Snarl					
Has your dog caused any in How many bites have occur	,				
Has there been a change in □ □Worse □Static □Better	frequency or appearance of the	ne problem?			

What has been done so far to correct the problem by the owner or veterinarian?
Describe the most recent incident/Date:
Individual(s) involved
Location
<u>Context</u>
Dog's behavior
<u>Outcome</u>
Describe the first incident:
Date: Individuals(s) involved
<u>Location</u>
<u>Context</u>
Dog's behavior
<u>Outcome</u>
Describe another incident:
Date: Individual(s) involved

<u>Location</u>					
<u>Context</u>					
Dog's behavior					
Outcome					
Social Behavior How does your dog	g behave in the follo	owing situations?			
	Aggressive	Timid or Afraid	Indifferent	Friendly	N/A
Infants		Allalu			
Toddlers					
Children					
Men					
Women					
Veterinarian					
Uniforms					
Being alone					
Punishment					
Training					
Other dogs					
Other species					
Being reached for					
Grooming					
Doorbell or					
knocking					
Bicycles,					
wheels					
Riding in the					
car					
Intraspecies Beha	<u>vior</u>				
In What order are to Petted or greeted Does one dog over-					

Which dog is more likely to engage in the following:
Licking Mounting Whining, attention-seeking Rolling over Starting fights Walking out door first Walking out in front on leash
Did the behavior develop acutely, or has it been progressive over time?
Is there a time of day that the behavior seems more or less intense?
Is there a person, or another pet, that is typically present when the behavior occurs or is more intense?
What is the attitude of the pet while performing the behavior?
Does the dog respond to its name or seem aware of its surroundings while engaging in the behavior?
Are you able to interrupt the behavior?
□Calling the dog □Physically restraining the dog □Making a loud noise □Making a loud noise □Offering food or treats □Punishing the dog
How often and under what circumstances does it occur?
Has there been a change in frequency?

Where does it occur?
Destructive Behavior
Does the dog tear up or damage any objects in the house?
What items are destroyed?
How often does the problem occur?
Has there been a change in frequency?
Where does it occur?
Does this behavior occur in your presence or when you are not home?
Stereotypic Behavior
Which category describes your pet's repetitive behavior?
□Grooming (chewing, licking, biting self or objects) □Consumption (consuming rocks, dirt, fabric, wool sucking) □Locomotion (spinning, circling, chasing tail, freezing, fence running) □Vocalization (rhythmic barking, howling) □Aggression (chasing imaginary prey)
Describe the repetitive behavior(s).
Was there a change in the household associated with onset of the repetitive behavior?
What has been done so far to correct the problem by the owner or veterinarian?
Do you discipline the dog for this problem? Explain.