

**Aggieland Animal Health Center  
1323 FM 2154 Road  
College Station, TX 77845**

**Canine Behavior History Form**

First Name		Last Name	
Address:			
Home Phone:	Work Phone:	Cell Phone:	
Email:			
Best method to contact:	<input type="checkbox"/> Text	<input type="checkbox"/> Email	<input type="checkbox"/> Phone

Pet's Name:	D.O.B.:
Breed:	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>When was the last physical examination performed on your pet?</b>	
<b>Have there been any medical tests performed associated with the behavioral concern?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*If yes, please obtain a copy of all medical records performed and return them with this form.</small>	
<input type="checkbox"/> Neutered <input type="checkbox"/> Spayed	<b>If yes, at what age?</b>
<b>If yes, reason for procedure?</b> <input type="checkbox"/> Routine <input type="checkbox"/> Attempt to modify behavior <input type="checkbox"/> Health Concern <input type="checkbox"/> Other	
<b>If no, are you planning on breeding your pet?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are vaccinations, including rabies current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*Please include a copy of your pets' vaccine records.</small>

**List any medications that your pet has received in the past month or is currently taking:**

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**List any medications, including homeopathic remedies, which your pet has ever received for the treatment of a behavioral concern:**

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**Does your pet have any preexisting or current medical problems?**

Yes       No      **If yes, please list** \_\_\_\_\_

**Has your pet ever experienced a seizure?**

Yes       No      **If yes, when was your pet's last seizure?** \_\_\_\_\_

**Please list all members of your household, include ages of children and hours away from home.**

Name	Gender	Age	Relationship (self, husband, wife, etc.)	Hours away per day

**Please list all household pets, including the pet we are visiting with, in the order that they joined your household.**

Name	Species	Breed	Gender	Age	Age when acquired

**Where did you acquire this pet from? ( Please explain if checking other.)**

Stray/found       Professional Breeder       Hobby Breeder       Humane Shelter/SPCA       Rescue Group  
 Newspaper, Craigslist, or Facebook       Pet Store       Friend       Friend       Other: \_\_\_\_\_

**Why did you get this pet?**

Family Pet       Working Dog       Protection/Guard Dog       For Breeding

**Have you had pets before?**

- Dogs                       Cats                       Other/Exotic                       None

**Describe your pet as a puppy:**

- Friendly                       Shy                       Outgoing                       Fearful  
 Aggressive                       Playful                       Other: \_\_\_\_\_

**Is your pet (please check all that apply):**

- Allowed to run free, unsupervised when outside.       Always enclosed in a contained area when not on a lead.       Leash walked.       Outside, unleashed but supervised.       Outdoors only.

**How many times is your pet walked per day?**

If walked, what is the average length of time for each walk (in minutes)? \_\_\_\_\_

**Who walks your pet?**

What type of collar/harness/lead do you use to walk your pet? \_\_\_\_\_

**What percentage of the day does your pet spend inside?**

- 0-25%  
 25-50%  
 50-75%  
 75-100%

**What kind living situation do you have?**

- Apartment                       Townhouse or Condominium                       House with small yard                       House with a large yard                       Farm or rural property

**Is your pet allowed on furniture?**

- Yes, all furniture       Yes, only specific pieces       Yes, only if invited       No, but gets on anyway in presence and absence of people       No, but gets on furniture in absence of people       No, to my knowledge never gets on furniture

**Where is your pet when left home alone?**

- Free in house                       Outside house; describe: \_\_\_\_\_                       In crate                       Restricted to certain areas in the house

**Is your pet fed:**

- Free Choice (bowl is kept full of food at all times)       Free Choice; Portioned Meal (has access to a pre portioned meal at all times)       One meal per day       Two meals per day       More than two meals per day. Please list how many meals: \_\_\_\_\_

**Is your pet fed treats on a daily basis?**

- Yes       No  
If yes, about how many times per day?       1-2x per day       3-4x per day       5-6x per day       7x+ per day

**Do you play with your pet routinely?**

If yes, please describe a typical play episode:

- Yes       No

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**Describe how you prepare to leave the house when the pet will be left alone. Do you ignore your pet, put it in a crate, say goodbye, put a program on the tv, etc?**

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**What is your dog's obedience school history?**

- No school, trained yourself       Puppy kindergarten       Group lessons, basic       Group lessons, advanced       Private trainer at house       Private trainer at facility       Sent to private trainer

**What commands does your dog know well?**

- |          |                                  |                                  |                                     |
|----------|----------------------------------|----------------------------------|-------------------------------------|
| Sit      | <input type="checkbox"/> Perfect | <input type="checkbox"/> Usually | <input type="checkbox"/> Needs work |
| Stay     | <input type="checkbox"/> Perfect | <input type="checkbox"/> Usually | <input type="checkbox"/> Needs work |
| Lie down | <input type="checkbox"/> Perfect | <input type="checkbox"/> Usually | <input type="checkbox"/> Needs work |
| Come     | <input type="checkbox"/> Perfect | <input type="checkbox"/> Usually | <input type="checkbox"/> Needs work |
| Heel     | <input type="checkbox"/> Perfect | <input type="checkbox"/> Usually | <input type="checkbox"/> Needs work |
| Fetch    | <input type="checkbox"/> Perfect | <input type="checkbox"/> Usually | <input type="checkbox"/> Needs work |
| Drop it  | <input type="checkbox"/> Perfect | <input type="checkbox"/> Usually | <input type="checkbox"/> Needs work |
| Watch me | <input type="checkbox"/> Perfect | <input type="checkbox"/> Usually | <input type="checkbox"/> Needs work |

**Is your dog trained to go to certain spot/location (bed, crate, mat) on a verbal command?**

- Yes       No

If yes, how reliable is their response?

- Perfect       Good       Moderate       Poor

**Does your pet show aggression in the following circumstances? This can include growling, snarling (showing teeth), lunging, nipping, snapping, or biting. Please fill in the chart: (Y = Yes, N = No, N/A = doesn't apply).**

	Adult owner (Female)	Adult owner (Male)	Children	Any specific individual
Handling/grooming				
Petting or hugging				
Disturbed when resting				
Disciplining				
Taking food away				
Taking other objects				

**If biting has occurred in any of the above circumstances, please describe the wound (tear, puncture, bruising).**

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**Please use the chart below to list the behavioral concerns that you wish to address, and how much of a problem do you consider the behavior to be?**

Behavior Concern	Very Serious	Serious	No Serious
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Describe a typical episode of the behavioral concern(s):**

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**The behavior occurs \_\_\_\_\_ per day / week / month. Please describe the first occurrence (including date):**

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**Describe the most recent episode (including date):**

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**Has the frequency of the behavior...?**

Increased

Decreased

Remained unchanged

**Has the intensity of the concern...?**

Increased

Decreased

Remained unchanged

**Have there been any changes in the household (new pet, new family member, schedule change, etc.)? If so, please describe:**

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**What have you tried to do to change the behavior? Please list all things you have tried whether they have been useful or not.**

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**Have you considered finding another home for your pet?**

Yes

No

**Have you considered euthanasia (putting your pet to sleep)?**

Yes

No

**Is there anything else you would like to add?**

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Pictures and videos are always helpful! Please feel free to email any to [aahc@aggielandanimalhealthcenter.com](mailto:aahc@aggielandanimalhealthcenter.com) or bring them to your appointment.