

Animal Emergency & Referral Associates

1237 Bloomfield Avenue, Fairfield, NJ 07004; 973-226-3282 or 973-788-0500

Fax #: 973-364-0004 Attn: Dr. Emily Levine

If faxing form: Please include your last name and your pet's name on each page.

Canine Behavioral History

Please answer the following questions and send this form (mail/fax) back to us. It is vital that we receive this information sheet back no later than 2 days prior to your scheduled appointment. If we do not receive it, your appointment will be rescheduled. Specific questions about the problem behavior(s) will be asked during your visit/telephone call.

General Information

Today's Date: _____

Your Name: _____

Address: _____

Your Dog's Name: _____ Breed: _____

Date of Birth/Age: _____ Sex: M F (Circle One) Neutered/Spayed? _____

Home phone: _____ Work/Day phone: _____

Your email address (if available): _____

Who is your regular veterinarian?

Dr. _____ at _____

Clinic Phone: _____

What is the one main behavior problem or complaint for which you are scheduling the behavior appointment? *(This is the problem that Dr. Levine will focus on during the behavior consult and for which follow-ups are included.)*

Please list any additional problems: *(Sometimes these other problems may be related to the main problem and are important for Dr. Levine to be aware of. If the other problems turn out to be unrelated to the main problem they may not be addressed during the consult due to time constraints. Should you wish to pursue diagnostics and treatment for these other problems, a separate fee may apply.)*

Last Name: _____ **Pet's Name:** _____

How frequently does the problem (or problems) occur (how many times daily, weekly or monthly)?

a. Main Problem:
Frequency:

Chronology of the Behavior Problem

When did you first notice the main problem (age of dog)?

When did it first become a serious concern?

In what general circumstances does the dog misbehave?

Has this problem changed in frequency? (please describe)

Has this problem changed in intensity? (please describe)

Has this problem otherwise changed?

Last Name: _____ **Pet's Name:** _____

Describe several examples in detail:

1. Most recent incident: (Date: _____)

2. Second to last incident: (Date: _____)

3. Third to last incident: (Date: _____)

Other significant incidents:

What have you done so far to try to correct the problem?

How do you discipline your dog for this and for other misbehavior?

Home Environment

Please list the people, including yourself, living in your household.
Please include ages of children:

	Person 1	Person 2	Person 3	Person 4
Name:				
Age:				
Hours Away From Home:				

Last Name: _____ Pet's Name: _____

Please list all animals in the household including patient in the order in which they were obtained.

	Pet 1	Pet 2	Pet 3	Pet 4
Name:				
Species:				
Breed:				
Sex:				
Neutered/Spayed?:				
Age When Obtained:				
Age Now:				

What is your dog's relationship to the other animals in the house (e.g. friendly, hostile, fearful)? (please describe)

What type of area do you live in? (Circle one) City/Town Suburbs Rural

What type of house do you live in? (please describe)

Have you moved since acquiring your dog? (Circle one) No Yes

If yes, how many times? _____

Has your household changed since acquiring your dog? (Circle one) No Yes

If yes, please describe:

Last Name: _____ Pet's Name: _____

Dog's Background

Why did you decide to get a dog?

Why did you choose this breed?

Have you owned dogs before? (Circle one) No Yes

Where did you get this dog? (Circle one)

Shelter	Breeder - newspaper	Friend	ad/flyer
Pet store	Breeder - referral	Stray	Other: _____

If known: how many littermates? males _____ females _____

How many animals were available when choosing your pet? _____

Why did you choose this dog over the others? (please be specific)

Was a temperament test performed? (Circle one) No Yes Unsure
Result:

Describe your dog's behavior as a puppy:

Do you have any news about littermate behavior? (please describe)

Did you meet the parents? (Circle one) No Yes
If yes, please describe their behavior:

Has this dog had other owners? (Circle one) No Yes
If yes, how many? _____

Last Name: _____ **Pet's Name:** _____

Why was the dog given up?

At what age was your pet neutered/spayed? _____
Why was this done?

Were there any behavior changes after neutering/spaying?

If your pet is "intact" has he/she ever been bred? (Circle one) No Yes

Are you planning to breed? (Circle one) No Yes Unsure

If you have an intact female, when was her last heat? Was it normal?

Diet and Feeding

What do you feed your dog? (please be specific) _____

Has your dog's appetite (increased, decreased, no change)? _____

How much do you feed your dog? (please be specific) _____

What are your dog's meal times? _____

Who feeds your dog? _____

Where is your dog fed? _____

What is your dog's favorite treat? _____

Is your dog on any herbal, homeopathic, or nutritional supplements? Yes No

If Yes, please list:

Last Name: _____ Pet's Name: _____

Daily Schedule - Typical 24 hour day

Please describe a typical 24-hour day in your dog's life:

How does your dog behave with familiar visitors?

How does your dog behave with unfamiliar visitors (children or adults)?

How do you exercise your dog?

Is your dog free in a fenced yard? (Circle one) No Yes

Is your dog tied outside? (Circle one) No Yes

Does your dog run free? (Circle one) No Yes

How do you play with your dog?

What toys does your dog have?

Is your dog housetrained? (Circle one) No Yes

How was your dog housetrained?

Last Name: _____ **Pet's Name:** _____

Does your dog ever eliminate in the house? (Circle one) No Yes

If yes, does your dog urinate or defecate in the house? _____

Where does your dog sleep at night (please be specific):

Does your dog sleep (more, less, same)? _____

Have there been any recent changes in your dog's sleeping habits?

Where is your dog when you have guests?

How does your dog behave while you are leaving the house?

How does your dog behave when you return?

Obedience Training

What basic obedience training has your dog had? (Circle one)

- None Trained at home Started obedience classes but didn't finish
Graduated obedience class once Graduated obedience class 2 or more levels
Private trainer Other: _____

How old was the dog when obedience training started? _____

Who in the family is the primary trainer? _____

Does your dog have any awards or titles? (Please describe)

Last Name: _____ Pet's Name: _____

Has your dog had any hunting, herding, protection, attack or Schutzhund training?

What percent of the time does your dog obey the following commands, for each member of the family:

Family Member:				
Sit:				
Down:				
Stay:				
Come:				
Heel (Don't Pull)				

Does your dog know any tricks? Please describe:

Have you exhibited your dog in breed shows? (Circle one) No Yes Plan to

Does your dog jump up on you or others without permission? (Circle one) No Yes

Does your dog paw at you or at others? (Circle one) No Yes

Does your dog lick you or others? (Circle one) No Yes

Does your dog mount people? (Circle one) No Yes
If yes, whom does he or she mount? _____

Does your dog mount other animals or objects? (Circle one) No Yes
If yes, please describe:

Does your dog ever bark at you? (Circle one) No Yes
If yes, please describe:

Does your dog bark at other times? (Circle one) No Yes
If yes, please describe:

What is your dog's activity level in general? (Circle one)

Low Average High Excessive

Last Name: _____ Pet's Name: _____

Medical History

Is your dog on any medication now, for this or other problems?

Has your dog been on medication in the past?

Date of most recent rabies vaccination: _____ (1 year, 3 year)

Aggression Screen (Please Fill Out)

Please use this Key: GR - growl
SL - snarl/bare teeth
SB - snap/bite
NR - no reaction
NA - not applicable

Circle which one best describes your pet's behavior

1. pet dog:	GR	SL	SB	NR	NA
2. hug dog:	GR	SL	SB	NR	NA
3. kiss dog:	GR	SL	SB	NR	NA
4. lift dog:	GR	SL	SB	NR	NA
5. call off furniture:	GR	SL	SB	NR	NA
6. push/pull off furniture:	GR	SL	SB	NR	NA
7. approach on furniture:	GR	SL	SB	NR	NA
8. disturb while resting/sleeping:	GR	SL	SB	NR	NA
9. approach while eating:	GR	SL	SB	NR	NA
10. touch while eating:	GR	SL	SB	NR	NA
11. take dog food away:	GR	SL	SB	NR	NA
12. take human food away:	GR	SL	SB	NR	NA

Last Name: _____ **Pet's Name:** _____

13. take water dish away:	GR	SL	SB	NR	NA
14. take rawhide:	GR	SL	SB	NR	NA
15. take biscuit/cookie:	GR	SL	SB	NR	NA
16. take real bone:	GR	SL	SB	NR	NA
17. take toy/object:	GR	SL	SB	NR	NA
18. approach when dog has any object:	GR	SL	SB	NR	NA
19. verbally punish:	GR	SL	SB	NR	NA
20. physically punish:	GR	SL	SB	NR	NA
21. visual threat:	GR	SL	SB	NR	NA
22. speak to dog (normal tone):	GR	SL	SB	NR	NA
23. stare at dog:	GR	SL	SB	NR	NA
24. bend over dog:	GR	SL	SB	NR	NA
25. push on shoulders or back:	GR	SL	SB	NR	NA
26. approach dog near spouse:	GR	SL	SB	NR	NA
27. enter room:	GR	SL	SB	NR	NA
28. leave room:	GR	SL	SB	NR	NA
29. reach toward dog:	GR	SL	SB	NR	NA
30. leash restraint:	GR	SL	SB	NR	NA
31. collar restraint:	GR	SL	SB	NR	NA
32. scruff restraint:	GR	SL	SB	NR	NA
33. put leash on/take off:	GR	SL	SB	NR	NA
34. put collar on/take off:	GR	SL	SB	NR	NA
35. bathe dog:	GR	SL	SB	NR	NA

Last Name: _____ **Pet's Name:** _____

36. towel dog:	GR	SL	SB	NR	NA
37. groom/brush dog:	GR	SL	SB	NR	NA
38. dog at groomer's:	GR	SL	SB	NR	NA
39. trim nails:	GR	SL	SB	NR	NA
40. leash/collar correction:	GR	SL	SB	NR	NA
41. response to "sit":	GR	SL	SB	NR	NA
42. response to "down":	GR	SL	SB	NR	NA
43. dog at veterinary clinic:	GR	SL	SB	NR	NA
44. strange adult enters house/yard:	GR	SL	SB	NR	NA
45. strange child enters house/yard:	GR	SL	SB	NR	NA
46. known adult enters house/yard:	GR	SL	SB	NR	NA
47. known child enters house/yard:	GR	SL	SB	NR	NA
48. response to toddlers/babies:	GR	SL	SB	NR	NA
49. dog in car at gas stations:	GR	SL	SB	NR	NA
50. strange adult approaches dog on leash:	GR	SL	SB	NR	NA
51. strange child approaches dog on leash:	GR	SL	SB	NR	NA
52. dog in house, sees people outside:	GR	SL	SB	NR	NA
53. response to dogs while on leash:	GR	SL	SB	NR	NA
54. response to dogs while not on leash:	GR	SL	SB	NR	NA

Last Name: _____ Pet's Name: _____

Where are you on a scale of 1 to 5: (Circle One)

- 1 I am here only out of curiosity - problem is not serious.
- 2 I would like to change the problem, but it is not serious.
- 3 The problem is serious and I would like to change it, but if it remains unchanged that's all right.
- 4 The problem is very serious and I would like to change it, but if it remains unchanged I will keep my dog.
- 5 The problem is very serious and I would like to change it; if it remains unchanged I will have my dog euthanized or give him/her up.

FOR AGGRESSION (TOWARDS PEOPLE)

(Skip this section if aggression is not the problem):

Please answer yes or no to these characteristics of your dog's aggressive behavior:

- _____ attacks are sudden and surprising
- _____ episodes appear unprovoked
- _____ the dog is abruptly docile after an episode
- _____ the dog appears "sorry" afterwards
- _____ the dog appears disoriented afterwards
- _____ episodes are associated with a "glazed" or "absent" expression
- _____ I can usually tell what will set off my dog
- _____ the aggressive behavior is new and uncharacteristic

Has your dog bitten and broken skin? (Circle one) No Yes

Number of bites that broke the skin: _____

Total number of bites (that did or did not break skin): _____

Total number of episodes of aggression (growling, snapping, biting): _____

Describe typical episode (eg. does dog growl, lunge or bite, and in what circumstance?):

If your dog is in the above situation 10 times, in how many of those times is aggression seen (eg. all=100%, just one=10%, etc.)?

Last Name: _____ **Pet's Name:** _____

What parts of the body has your dog bitten and how severe were the injuries?

Who is/are the target(s) of aggression?

Did your dog bite as a puppy? (Circle one) No Yes

If yes, please describe, including age:

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

What was the circumstance?

How old was your dog the first time he/she snapped or bit at a person? _____

What was the circumstance?

Important Information you need to read through:

Behavior problems may be treated with a combination of the following:

1. Behavior modification exercises
 2. Environmental management
 3. Pharmacological agents
 4. Ancillary treatments such as pheromone therapy, massage, etc.
- Dr. Levine will decide which treatments are most appropriate for your pet based on the details obtained in the behavioral history form and the behavioral interview.

Your initial consultation includes:

1. Behavioral evaluation
2. Assessment/diagnosis
3. Physical exam (when indicated)
4. Treatment plan
5. Demonstration of behavior modification techniques

The cost of the initial evaluation is based on the time required to analyze your pet's behavior problem and describe the treatment plan. Fees cover the time invested by Dr. Levine and her staff. The hourly fee for dogs, cats, and birds is \$190.00/hour with a 2 hour minimum (\$380.00). You may schedule up to two 30 minute telephone follow-ups, at no additional cost, within 8 weeks of the date of the initial consult. These follow-ups are intended to deal with the primary problem discussed during the original consult.

Last Name: _____ Pet's Name: _____

***Please note that should your initial consult go over 2 hours, or the subsequent telephone rechecks go over the 30 minutes, there will be an additional fee at the rate of \$190.00 per hour.**

*****the majority of initial consults are completed within the 2 hour time frame. They generally go over only if you decide to discuss multiple problems.***

Signature: _____ Date: _____

Print Name: _____

***** (End of form - thank you!) *****