



Ph: 707-483-5821/ john@johnnearledogtraining.com

Owner Information:

Name: _____

Address: _____

Phone (home) _____ (work) _____ (cell) _____

Email: _____

Veterinarian Information:

Clinic Name: _____

Doctor's Name: _____ Phone: _____

Who referred you to the Behavior Service? _____

Patient Information:

Name: _____ Breed: _____

Date of Birth/Age _____ Weight _____ Color _____

Sex: Male _____ Female _____ Neutered/Spayed: Yes _____ No _____

Rabies Vaccination Status:

Date of last Rabies vaccination: _____ 1 Year 3 Year

Household Information:

People living in household:

Name	Age	Relationship (e.g. spouse, son, daughter, roommate, etc.)

Other people in regular contact with pet (e.g. pet sitters, housekeepers, relatives, friends, etc.):

Name	Age	Relationship (e.g. pet sitters, friend, grandchild, etc.)

Type of house: Single Family Detached___ Apartment___ Attached/townhouse_____
 Mobile home_____ Other_____

Neighborhood: Urban___ Suburban___ Rural___
 Do you have a yard? Yes___ No___ If yes, how big is the yard? _____
 Is the yard fenced? Yes___ No___ If Yes, height of fence_____ (ft)
 Type of fence: Wooden slats_____ Solid_____ Wrought iron_____ Chain Link_____
 Other_____

Other pets in household (in order came into household):

Name	Species (e.g. dog, cat) & Breed (e.g., Golden Retriever, Manx)	Male/Female Spayed/Neutered	Age Now	Age when obtained

Acquisition Information:

How old was this dog when acquired? _____
 Where did you obtain this dog? Performance breeder (show, hunting, agility, etc.) _____
 Hobby breeder _____ Private home/previous owner _____
 Shelter/rescue organization _____ Pet store _____ Other _____

Behavior of dog's parents/littermates (if known):

Describe previous home(s) (if known):

Why did you acquire this dog? (check all that apply):

Adult's pet _____ Family pet _____ Children's pet _____ Companion to other pet _____
 Protection _____ Performance (show, hunting, agility, etc.) _____ Breeding _____
 Other _____

Neutering Information:

Is this dog Neutered/Spayed: Yes _____ No _____
 If YES: At what age? _____

If not neutered, reasons for not neutering (check all that apply):

Show dog _____ Plan to breed _____ Health concerns _____
 Other _____

Medical History:

List any major illnesses/surgeries (dates):

List ALL medications/treatments your dog is currently receiving, including heartworm, flea preventative, dietary supplements, herbal/homeopathic treatments:

Name of medication	Dosage/frequency given	Date started medication

Daily Activities and Routine:

Feeding:

When and where is the dog fed? _____

Who feeds? _____

Types of food: Dry _____ (BRAND) _____ % of diet
 Canned _____ (BRAND) _____ % of diet
 Raw _____ % of diet
 People food _____ % of diet
 Treats _____ % of diet

Eating habits (check all that apply):

Eats right away _____ Picky eater _____ Anxious eater _____ Guards food from people _____

Guards food from dogs _____ Other _____

Sleeping:

Where does your dog sleep at night? _____

If disturbed while sleeping what is your dog's reaction (check all that apply)?

Happy _____ Startled _____ Growls _____ Barks _____ Bites _____ Scared _____ Grumpy _____ Playful _____

Other _____

Exercise:

Leash walks: Does your dog get regular leash walks? Yes _____ No _____

If NO, why? Doesn't walk well (pulls) on leash _____ Aggressive on walks _____
Don't have the time _____ Medical reasons _____ Other _____

If YES, who takes the dog for leash walks? _____
How often _____ How long are the walks _____
Location (e.g. around neighborhood, in town, in park) _____

What do you use to walk the dog (check all that apply): Flat buckle collar _____ Body Harness _____
Head collar (Halti, Gentle Leader) _____ Training/choke collar _____ Prong collar _____
Retractable leash _____ Long leash (6ft +) _____ Average leash (4-6ft) _____
Short leash (4ft or less) _____ Other _____

How is your dog on leash: Excellent (never pulls, pays attention to me) _____ Good (rarely pulls) _____
Fair (pulls but I'm able to control) _____ Poor (pulls a lot, difficult to control) _____
Bad (pulls, I don't enjoy the walks) _____

Off-leash Exercise: Does your dog get off-leash exercise? Yes _____ No _____
If Yes, who takes the dog for off-leash exercise? _____
How often _____ For how long _____
Locations (e.g. trails, dog parks, beaches) _____

Living Spaces/Being Left Alone:

Where does your dog spend the most time when people **are home**:
Loose in house _____ (with access to outside _____) Confined (e.g. with gates) to part of the
house _____ (with access to outside _____) Inside in a crate or pen _____ Loose in the yard _____
Outside in a kennel or pen _____ Other _____

Where is your dog spend the most time when people **are not home**?
Loose in house _____ (with access to outside _____) Confined (e.g. with gates) to part of the
house _____ (with access to outside _____) Inside in a crate or pen _____ Loose in the yard _____
Outside in a kennel or pen _____ Other _____

How long is your dog left alone on an average day? _____
When is your dog left alone (e.g. 8:00am-5:00pm)? _____

What is your dog's reaction to being left alone (check all that apply):
Calm _____ Depressed _____ Barks _____ Cries/howls _____ Urinates/defecates _____ Escapes _____
Destructive _____ Anxious _____ Excited _____ Aggressive _____

Describe a typical 24 hour day in your dog's life, starting with when and where the dog wakes up in the morning. Include feeding, exercise and play times. If behavior problems occur at particular times of the day include that information.

Training:

Has your dog had any training? No _____ Trained Ourselves __ Classes/Met with Trainer _____

List type of classes, at what ages, and names of trainers:

Puppy classes _____

Group classes _____

Private lessons _____

Board & train _____

Other _____

What training techniques or tools have you used (all that apply): Training collar (choke) _____

Food rewards _____ Verbal Praise _____ Play/toys _____ Prong collar _____

Remote collar (citronella, shock, vibration) _____ Bark collars (shock, vibration, citronella) _____

Other _____

Who in the household trained the dog? _____

What commands does your dog know? _____

Did your dog enjoy training? _____

How well does your dog obey commands **without** distractions:

Very well _____ Well _____ Fairly Well _____ Poorly _____ Does not follow commands _____

How well does your dog obey commands **with** distractions:

Very well _____ Well _____ Fairly Well _____ Poorly _____ Does not follow commands _____

Behavior Screens:

Does your dog engage in the following behaviors at least weekly?:

	No	When owner present (times/week)	When owner gone (times/week)	Don't know
Housesoiling		()	()	
Excessive barking/whining		()	()	
Destructive chewing		()	()	
Digging		()	()	
Self licking/chewing		()	()	
Pacing/repetitive behavior		()	()	
Consuming non-food objects		()	()	
Circling/chasing tail/freezing		()	()	

How does dog react to the following?	Happy	Neutral	Fear/ Anxiety/ Submits	Snarl	Bark/ Growl	Snap/ Bite	Don't Know/ Don't Do
Unfamiliar people at door							
Unfamiliar people in home							
Unfamiliar people, neutral territory, on leash							
--same, off leash							
--same, approaching/trying to pet							
Children on bicycles, roller blades							
Joggers (adult)							
Cars/trucks going by, on leash							
Babies							
Children							
Unfamiliar dogs, on leash							
Unfamiliar dogs, off leash							
Squirrels/cats/small animals approaching dog							
Person passing when dog in yard							
Dog passing when dog is yard							

How does your dog react to the following?	Happy	Neutral	Fear/ Anxiety/ Submits	Snarl	Bark/ Growl	Snap/ Bite	Don't Know/ Don't Do
Veterinary visits							
Owners leaving							
Owners returning							
Car rides							
Stranger approaching car							
Thunder							
Loud noises							
Roughhousing							
How does dog react when a family member does the following?	Happy	Neutral	Fear/ Anxiety/ Submits	Snarl	Bark/ Growl	Snap/ Bite	Don't Know/ Don't Do
Walk by food while dog eats regular dog food							
Take food dish while dog eats							
Walk by food while dog eats delicious food							
Take away non-edible toy							
Take away bone, rawhide							
Take away stolen non-food item (e.g. socks)							
Take away stolen food item (including dirty tissues, paper towels)							
Reach for dropped food at same time as dog							
Reach over head/pet on top of head							
Pet on other parts of body							
Brush							
Bathe							
Pick dog up							
Put on/take off collar							
Put on/take off leash							
Disturb while sleeping							
Move while on furniture							
Approach the dog when it's sitting with a favorite person							
Hold back when excited (e.g. from running out door) NOT WHEN AGGRESSIVE							
Hold back when aggressive (e.g. barking at another dog)							

How does dog react to a family member doing the following?	Happy	Neutral	Fear/ Anxiety/ Submits	Snarl	Bark/ Growl	Snap/ Bite	Don't Know/ Don't Do
Verbal reprimand							
Leash correction							
Physical reprimand							
Staring at dog							
How does dog react to a dog in the household?	Happy	Neutral	Fear/ Anxiety/ Submits	Snarl	Bark/ Growl	Snap/ Bite	Don't Know/ Don't Do
Around regular food							
Around rawhides							
Around treats							
Around toys							
Around favorite people							
While on walks together							
During play							

Has your dog ever bitten a person? No _____ Yes _____

If yes, describe the victim(s): age, gender, and actions (e.g. 10 year old boy waving stick). Continue on additional pages if needed

How bad was the worst bite your dog gave to a person (check all that apply):

Made contact but didn't leave a mark _____ Small red mark _____ Bruised, didn't break skin _____

Broke skin, minor scrape _____ Broke skin, punctures _____ Multiple punctures _____

Punctures and tore flesh _____ Multiple bites at one time _____ Required emergency treatment

(describe) _____

Have any bites been reported to Animal Control or other authorities? No _____ Yes _____

Comments:

Have any victims threatened/taken legal action because of an aggressive incident? N _____ Y _____

If yes, describe incident:

Primary Behavior Problem:

What is the main behavior problem you wish to address at this appointment?

Describe **the very first** incident of this problem. Try to remember the earliest occurrence of the problem, even if it wasn't as serious as it is now. For instance, if your dog is aggressive to people, describe the first time she growled or barked at someone. Or if your dog has problems being left home alone, describe the first time he whined and cried when you left.

Include where the incident occurred, who else (human and animal) was present, what happened just before the incident, how everyone reacted.

Date of event_____Dog's age_____(Approximate date/age is o.k.)

Describe per instructions above **the most recent** incident

Date of event_____Dog's age_____

Describe per instructions above **at least one other incident** you feel illustrates the problem behavior (if you would like to describe other incidents please do so on a separate page)

Date of event_____Dog's age_____

If you noticed any changes in your dog's body language or facial expression before, during or after the incidents please describe.

What would you like to see as an outcome for your upcoming appointment?

Frequency:

How frequently does this problem occur?

>10 times/day _____ 1-10 times/day _____ 1-6 times/week _____ <1x/week _____ <1time/month _____

Is the frequency... Increasing _____ Decreasing _____ Unchanged _____

What percent of time that your dog is in a potentially problematic situation does the problem behavior occur?:

<25% _____ 25-50% _____ 51-75% _____ 76-100% _____

Describe what you've tried to correct the problem and what the dog's response has been to each attempt.

How serious do you and other members of the household find this problem:

Name _____	Mild _____	Moderate _____	Severe _____	Intolerable _____
Name _____	Mild _____	Moderate _____	Severe _____	Intolerable _____
Name _____	Mild _____	Moderate _____	Severe _____	Intolerable _____

Has anyone suggested you rehome this dog? Y ___ N ___

Has anyone suggested you euthanize this dog? Y ___ N ___

Have you or a household member considered rehoming this dog? Y ___ N ___

Have you a household member considered euthanizing this dog? Y ___ N ___

List other problem behaviors in order of importance to you. Due to the intense focus on your dog's main problem, there may be limited opportunity to address these at the initial appointment.

LIABILITY:

- As the representing owner, agent or handler for the individuals who will be working with the pet(s) indicated below, I understand that behavior therapies recommended by John Earle Dog Training may involve some level of risk to the pet(s) and/or the handlers, or other people or property in spite of our best efforts to minimize them.
- I will use my own judgment and common sense when following the recommendations to not place people, pets and property at undue risk.
- Furthermore, I realize that John Earle , John Earle Dog Training Behavior Service and its agents cannot guarantee that a pet will not be aggressive or cause injury to people or property in the future and that the pet’s owner(s) and handler(s) continue to assume all liability for any future aggression.
- By signing below, I am freely assuming these risks and do not hold John Earle, John Earle Dog Training, or it's clinicians, students, agents, employees, or owners/agents or facility used to train, liable for any injury which may occur to handlers, pet, other people, other animals or property while using their training and medication treatment recommendations.

Owner’s Name: _____ Pet’s Name: _____

I, _____ have read the policies and procedures put forth above and understand them fully. I agree to adhere to these policies as a client of UC Behavior Service.

Signed: _____ Date: _____