

**Behavior Intake Questionnaire:****Date:** \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Spayed/neuter: y/n

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Groomer: \_\_\_\_\_ Phone: \_\_\_\_\_

Age dog was acquired: \_\_\_\_\_ Breeder/Shelter Name: \_\_\_\_\_

**Please fill out form to the best of your knowledge. If you need more space use the back of the page.**

Is your dog currently taking medication or supplements? Y/N If yes, what and for how long: \_\_\_\_\_

Does your dog have any medical conditions: \_\_\_\_\_

Has your dog had any surgeries or needed advanced medical care? \_\_\_\_\_

Has your vet ever expressed concerns about your dog? Y/N If yes, please explain: \_\_\_\_\_

Has your groomer ever expressed concerns about your dog? Y/N If yes, please explain: \_\_\_\_\_

Does your dog allow you to:

Clean its ears: Y/N Brush: Y/N Trim toe nails: Y/N Take temperature: Y/N

What type of food/brand do you feed?: \_\_\_\_\_ How much? AM: \_\_\_\_\_ Noon: \_\_\_\_\_ PM: \_\_\_\_\_

Has your dog ever shown signs of stress, fear, possession around their meal time?: Y/N If yes, please explain: \_\_\_\_\_

Has your dog ever shown signs of stress, fear, possession around other food?: Y/N If yes, please explain: \_\_\_\_\_

Has your dog ever shown signs of stress, fear, possession around toys, rawhides, or bones? Y/N If yes, please explain: \_\_\_\_\_

Does your dog jump on people? Y/N If yes, please indicate which apply:

On children	when playing	when I come home
when guests arrive		when scared
When I am holding a toy or treat		when dog is excited while on a leash
other: _____		

Does your dog vocalize while jumping? Y/N

Does your dog put its mouth on you?

When playing	mouths my arms	pulls on clothing
bottom nipping	Pinch nips	air snaps, doesn't touch me
when I am petting	gnaws on hands/arms	
nail trimming	Grabs pant legs	attacks shoes
Other: _____		

Does your dog put its paws on you?

When soliciting your attention	when wanting pets
when they're hungry	when they want out
When jumping up	when nervous
	Other: _____

Does your dog put its paws on the tables, counters, chairs/sofa? Y/N

Is your dog allowed on the furniture? Y/N

If yes, do you want it to keep it that way? Y/N

Where does your dog sleep? \_\_\_\_\_

Are they crate trained? Y/N When do you use the crate: \_\_\_\_\_

How does your dog spend the day: \_\_\_\_\_

How does your dog WANT to spend the day: \_\_\_\_\_

What motivates your dog(food, toys, attention, happy talk, fetch)? \_\_\_\_\_

What activities does your dog enjoy: \_\_\_\_\_

What words or actions solicit wiggles & happy responses: \_\_\_\_\_

When do you use them?: \_\_\_\_\_

What words or actions solicit worried responses?: \_\_\_\_\_

When do you use them?: \_\_\_\_\_

How would you describe your dogs leash manners? \_\_\_\_\_

Rate your dog's actions on a scale of 1 to 5(one being poor & five being great):

When I arrive home:	1	2	3	4	5
When other people arrive	1	2	3	4	5
When meeting people on street	1	2	3	4	5
At the vet's office	1	2	3	4	5

Around children	1	2	3	4	5
When meeting another dog on leash	1	2	3	4	5
When meeting another dog off leash	1	2	3	4	5
Responsiveness off leash	1	2	3	4	5
Responsiveness to obedience	1	2	3	4	5
Car rides	1	2	3	4	5
Backyard behavior	1	2	3	4	5
When you are cooking	1	2	3	4	5
When you are dining	1	2	3	4	5

Has your dog ever shown signs of being scared? Y/N

Explain: \_\_\_\_\_

Does your dog have any sound sensitivity issues?: Y/N

Explain: \_\_\_\_\_

Does your dog ever back away from being touched by you or a stranger/guest?: \_\_\_\_\_

Has your dog ever bitten you? Y/N Please explain:

Has your dog ever bitten someone else? Y/N

If yes, please date each incident, explain circumstance of each, injury occurred, and any medical treatment needed:

Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_