

**Date:** \_\_\_\_\_

**Your Information**

Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Email: \_\_\_\_\_

**Regular Veterinarian (We send a report to your veterinarian)**

Clinic: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Who referred  
you? \_\_\_\_\_

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

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

### Your Pet's Details

Name: \_\_\_\_\_

Weight: \_\_\_\_\_

Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Sex (please mark):    Male                  Female                  Desexed                  Entire

What was the reason for desexing/not desexing?

Were there any changes after desexing?

Are your dog's vaccinations up to date?

Yes    No

Does your dog have any medical conditions? Yes    No

If yes, please explain.

Is your dog currently on any medications? Yes    No

If yes, please explain.

## Section 2 Previous History

How old was your dog when you acquired it?

What was your dog like as a puppy?

Where did you get your dog from?

Has your dog had previous owners?    Yes    No    Why?

Why did you decide to get a dog?

Who selected your dog?

Do you have any information about relatives?

Why did you choose this breed or crossbreed or type of dog?

Have you owned other dogs/pets before? Yes No

What happened to them?

***Section 3 Primary Complaint***

What is the problem that has brought you here today?

How would you describe the severity of the problem?

Mild            Moderate            Severe

How would you describe the frequency of the problem?

Rare            Often            Frequent

Any change in severity?

Any change in frequency?

Have you considered Euthanasia/Rehoming your dog?    Yes    No  
Comment:

When did the problem begin?

How old was your dog when the problem begun?

Starting with the most recent occurrence, describe the problem.  
Describe the most recent incident.

Describe the second most recent incident.

Describe the first incident you can recall.

What do you think caused the problem?

What have you tried to stop the problem and what was the reaction of your dog?

What was successful?

Anything make it worse?

What drugs/Foods/Supplements/herbal remedies have you tried?

**Section 4 Family**

Describe your family structure (e.g. Adults, children, other animals)

Person	M/F	Occupation	Time away from home daily	Age

Please describe all of your pets

Acq	Name	Species/Breed	Sex- Neutered	Age Acquired	Age now

Has your household changed since acquiring your dog? Yes No How?

Does your dog like children? Yes No Describe:

How does your dog get along with each family member?

Describe your dog's interactions with other pets in the household.

Describe your dog's behaviour around other dogs.  
Known dogs (dogs you meet regularly at the park, on walks, at training)

We will

Unknown dogs (dogs you do not know or see rarely)

### ***Section 5 Management***

What percentage of time does your dog spend

Inside

Outside

What parts of the house and yard does the dog have access to?

Describe your dog's exercise routine.

What kind of formal training has your dog had?

Organization(s)?

Methods used (please mark all that apply):

Treats            head collars            correction collars            pats  
 leadership/dominance            positive training/positive reinforcement

Who trains your dog?

How does your dog respond to each person for the following requests? Poor/Good/Excellent

Person	Sit	Down	Recall	Heel	Give/Drop it	Stay

Does your dog know any tricks? Yes    No    Describe

Does your dog hunt? Yes No

If yes, what type of animals and what is the outcome?

What time(s) of the day do you feed your dog?

Who feeds your dog?

Where do you feed your dog?

What do you feed your dog?

Describe your dog's eating habits.

What are your dog's favourite toys?

What sort of games does your dog enjoy?

Where does your dog sleep?

### ***Section 6 Elimination Problems***

Is your dog housetrained? Yes No

Does your dog ever eliminate inside? Yes No

Where does your dog house soil?

When is your dog likely to house soil?

Does the dog house soil when family members are home? Yes No  
Describe:

Does your dog house soil while you are watching? Yes No  
Describe:

Does your dog mark? Yes No  
Describe:

What do you do after your dog eliminates in the incorrect location?

### ***Section 7 Departure problems***

When you go out, where is your dog?

How long is the dog left alone on average (hours/day)?

How often is your dog left alone on average (days/ week)?

How does your dog react before it is left alone?

Does your dog display any behaviour problems when you leave it alone? Yes No  
Describe:

Does the behaviour differ depending on the length of time or time of day left alone? Yes No  
Describe:

How does your dog react at the time of departure?

Does the behaviour differ depending upon who is the last to leave?    Yes    No  
Describe

What is your dog's reaction to homecomings?

Has your dog been boarded or left at vets/friends?    Yes    No  
Describe its reaction:

Have you ever left the dog alone in the car?    Yes    No  
How does it react?

### ***Section 8 Reactivity and Noises***

Indicate how your dog reacts to each of the following:

Thunderstorms

Fireworks

Other noises (describe)

Car rides

**Section 9 Aggression**

Has your pet ever displayed any aggression (threat, growling, barking, biting) towards:

Familiar People      Yes    No

Unfamiliar People    Yes    No

Familiar dogs    Yes    No

Unfamiliar dogs      Yes    No

When was the most recent threat or bite attempt?

What happened?

Situations causing aggression:

Patting/Handling/Restraint	growled	attempted to bite	bitten	no aggression
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Describe

Eating food or treats	growled	attempted to bite	bitten	no aggression
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Describe

Chewing toys/stolen object      growled      attempted to bite      bitten      no aggression

Describe

Waking up                              growled      attempted to bite      bitten      no aggression

Describe

Is aggression the primary reason for today's visit? Yes No

Is the problem serious enough that you will be unable to keep your pet if it is not improved?

Yes No

Is your dog aggressive to visitors to your home? Yes No

Were they known or strangers or both?

Describe:

Is your dog aggressive to people when off your property? Yes No

Describe:

Is there a particular person that your dog is likely to threaten or bite?

Is there a particular location or situation where aggression is most likely to occur?

Has your dog bitten? Yes No

How many times?

Has your dog broken skin with a bite? Yes No

How many times?

Is your dog aggressive to other animals? Yes No  
Describe

When your dog displays aggression, how do you handle the situation and what is the dog's reaction?

After an incident, how do you handle the situation and what is the dog's reaction?

How would you describe your dog's attitude at the time of the aggression?

Describe your dog's expression and postures at immediately prior to and during the aggressive incident.

***Section 10 Anything else?***

Please rate your dog's personality using the Monash Canine Personality Questionnaire.

Please rate how well each word describes your dog's personality by marking the appropriate box.

**1 = really does not describe my dog, 6 = really describes my dog**

	Really does not describe my dog					Really describes my dog
friendly	1	2	3	4	5	6
persevering	1	2	3	4	5	6
nervous	1	2	3	4	5	6
energetic	1	2	3	4	5	6
attentive	1	2	3	4	5	6
easy going	1	2	3	4	5	6
independent	1	2	3	4	5	6
trainable	1	2	3	4	5	6
non-aggressive	1	2	3	4	5	6
hyperactive	1	2	3	4	5	6
submissive	1	2	3	4	5	6
determined	1	2	3	4	5	6
relaxed	1	2	3	4	5	6
tenacious	1	2	3	4	5	6
timid	1	2	3	4	5	6
biddable	1	2	3	4	5	6
active	1	2	3	4	5	6
intelligent	1	2	3	4	5	6
sociable	1	2	3	4	5	6
restless	1	2	3	4	5	6
fearful	1	2	3	4	5	6
obedient	1	2	3	4	5	6
lively	1	2	3	4	5	6
reliable	1	2	3	4	5	6
assertive	1	2	3	4	5	6
excitable	1	2	3	4	5	6

Congratulations! You got to the end!