

History Form

Please complete the following form as detailed as possible.

By completing this form you agree that some of the information you provide may be shared with other Certified Clinical Animal Behaviourist/s (CCAB) as part of my ongoing personal development and mentoring support. All personal data will be anonymised prior to being shared.

* Indicates required question

Your Details

1. Title

2. First Name *

3. Last Name *

4. Email Address *

5. Primary Contact Phone Number (including area code) *

6. Secondary Contact Phone Number (optional)

7. Home Address (including post code) *

Veterinary Practice

8. Practice Name *

9. Practice Phone Number (including area code) *

Your Dog's Details

10. Dog's Name *

11. Age (in years and months) *

12. Date of birth (if known)

Example: 7 January 2019

13. Age when obtained

14. Breed *

15. Sex and Neuter Status *

Mark only one oval.

- Male Entire
- Male Neutered
- Female Entire
- Female Neutered

16. Where did you source your dog from?

Mark only one oval.

- Family/friend
- Private breeder
- Shelter/rescue centre
- Bred myself
- Other

17. Vaccination Status

18. Is your dog currently on any medications or supplements? (such as dietary supplements * or herbal products?)

Mark only one oval.

- Yes
- No

19. If yes, please list name and dosage

20. Has your dog ever been on medication for their behaviour in the past?

Mark only one oval.

Yes

No

21. If yes, please list name and dosage

22. Medical History (especially recurrent problems)

23. Is your dog insured?

Mark only one oval.

Yes

No

24. Insurance Renewal Date

Example: 7 January 2019

Your Dog's Behaviour

25. Behaviour/s of primary concern *

Tick all that apply.

- Unwanted (including aggressive) behaviour towards dogs on walks
- Unwanted (including aggressive) behaviour towards people on walks
- Unwanted (including aggressive) behaviour over items (resource guarding)
- Unwanted (including aggressive) behaviour over handling (touch, grooming etc.)
- Unwanted (including aggressive) behaviour at home (towards people, dogs, noises etc.)
- Unwanted (including aggressive) behaviour at the vets
- Unwanted (including aggressive) behaviour towards dogs in the same household
- Unwanted (including aggressive) behaviour towards cats/other animals in the same household
- House soiling
- Noise fears
- Repetitive behaviours (tail chasing, shadow chasing, licking/chewing body parts etc.)
- Eating non-food related items
- Separation-related problems
- Attention seeking behaviours
- Night time waking
- Unwanted behaviour during car travel
- Training issue/lack of correct response to instruction

26. Brief description of the behaviour/s of concern

27. How long has it been present and how old was your dog when it began?

28. Is the behaviour better or worse in certain circumstances or with certain individuals?

29. Have you noticed a pattern to the behaviour? Please provide further details below

30. How frequently do you encounter the behaviour/s (Number of times per day/week/month/year)

31. Can you identify any specific trigger which started the behaviour/s of concern?

Please describe the first incident of the behaviour that you recall, the most recent and the one which you remember the best, i.e. **3 incidents in total**, focusing on:

what happened before the behaviour started

what your dog did exactly

what happened afterwards including how individuals reacted

32. 1. First incident

33. 2. Most recent incident

34. 3. Best remembered incident

35. What has been done to change the behaviour?
Please indicate whether it worked, made no difference or made it worse.

36. Is the behaviour getting:

Mark only one oval.

- Better
- Worse
- No change

37. Does your dog have any secondary behaviour/s of concern?

Mark only one oval.

- Yes *Skip to question 38*
- No *Skip to question 50*

Secondary Behaviour/s

38. Behaviour/s of secondary concern

Tick all that apply.

- Unwanted (including aggressive) behaviour towards dogs on walks
- Unwanted (including aggressive) behaviour towards people on walks
- Unwanted (including aggressive) behaviour over items (resource guarding)
- Unwanted (including aggressive) behaviour over handling (touch, grooming etc.)
- Unwanted (including aggressive) behaviour at home (towards people, dogs, noises etc.)
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47. 3. Best remembered incident

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49. Is the behaviour getting:

Mark only one oval.

- Better
- Worse
- No change

Your Home

50. Brief description of the property your dog lives at and the degree of access

51. Please list the names and ages of all family members who live at the home and their relationship with your dog

52. Please list any other household animals (including name, species, age and sex/neuter status)

Your Dog's Previous Training Experience

53. What type of training have you done with your dog? *

Tick all that apply.

- Trained them yourself (no instruction from trainer/behaviourist)
- Puppy group classes
- Puppy party/socialisation
- Adolescent group classes
- Adult group class
- One-to-one training with a dog trainer
- One-to-one training with a dog behaviourist
- Sport class (agility, gun dog etc.)
- Scent class
- Other: _____

54. If your dog attended formal classes, how did they do?

Mark only one oval.

- Very well
- Average
- Poor
- Asked to leave
- Don't know/unsure
- N/A

55. What do you do if your dog behaves in a way you don't like?

56. What do you do if your dog behaves in a way you do like?

You Dog's Diet and Feeding Behaviour

57. Food type (wet/dry/raw/fresh)

58. How often is your dog fed?

Tick all that apply.

- Ad lib
- Once a day
- Twice a day
- Three times a day
- More than three times a day

59. How would you describe your dog's appetite?

60. Does your dog show any of the following?

Tick all that apply.

- Appetite for non-food items
- Excessive licking of walls, hands or other surfaces
- Protective over food
- Other unexpected behaviours related to feeding

Your Dog's Routine

61. Describe a typical 24 hours in the life of your dog

62. Do you walk your dog? *

Mark only one oval.

- Yes
- No

63. If yes, how much time is spent walking on lead? (e.g. 30 minutes twice a day)

64. If yes, how much time is spent off lead? (e.g. 20 minutes once a week)

Your Dog's Temperament

65. How would you describe your dog's overall personality? (nervous, angry, friendly etc.) *

66. Would you describe your dog as moody/having a Jekyll and Hyde type of character?

Mark only one oval.

Yes

No

67. If yes, is there any pattern to when your dog's mood becomes worse?

68. Does your dog's behaviour change when free compared to when on lead?

69. Is your dog protective over any part of their body?
If yes, please describe below

70. Does your dog have any known fears? (e.g. fireworks)

71. Does your dog growl, snarl, bare teeth, lunge, nip or bite in any of the situations listed below:

*

Mark only one oval per row.

	Yes	No
When handled/groomed	<input type="radio"/>	<input type="radio"/>
If disturbed when resting	<input type="radio"/>	<input type="radio"/>
If disciplined	<input type="radio"/>	<input type="radio"/>
When walking on lead	<input type="radio"/>	<input type="radio"/>
When off lead	<input type="radio"/>	<input type="radio"/>
When petting/hugging	<input type="radio"/>	<input type="radio"/>
When removing items from them	<input type="radio"/>	<input type="radio"/>
When handled by the vet/groomer	<input type="radio"/>	<input type="radio"/>
Household members	<input type="radio"/>	<input type="radio"/>
Visitors	<input type="radio"/>	<input type="radio"/>
Strangers	<input type="radio"/>	<input type="radio"/>

72. If yes to any of the incidents above, please provide further information in what circumstances and with which individuals

73. Does your dog use aggressive behaviours in any other situation not listed above? *

Mark only one oval.

Yes

No

74. If yes, please provide further information in what circumstances and with which individuals

Cases Involving Aggressive Behaviour

75. Please indicate which incidents have occurred (tick all that apply)

Tick all that apply.

- Vocalisation (growl/snarl) but never bitten
- Snapped but not made contact with skin
- Bitten (made contact) but not broken the skin
- Single bite with broken skin (puncture wound)
- Bitten with multiple puncture wounds on a single occasion
- Bite with removal of skin with some underlying tissue
- Multiple bites with puncture wounds on a single occasion
- Multiple bites with removal of skin with some underlying tissue
- Other: _____

76. Describe the most recent incident and the setting in which it occurred. Try to be as precise as possible.

77. Where was your dog?

78. Where was everyone in relation to your dog?

79. What was everyone doing before the incident?

80. What did your dog do before, during and after the event?

81. Were you aware of any warning signs before the incident?

82. What was the reaction of the victim?

83. How did your dog respond to this reaction?

84. If there was a bite wound, where was it located on the body and what kind of a wound was it? (e.g. puncture wound, tear, bruise etc.)

Your Current Feelings and Expectations

85. What are the feelings of each family member about your dog's behaviour?

86. What are the essential changes you need to be able to continue to live with your dog?

87. Under what circumstances would you consider euthanasia?

88. Please provide any further information you think is relevant to the case.

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