

Please print this form, fill it out, and bring it with you for your appointment

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Behavior History-Canine

Cancellation Policy: Due to the length of time each appointment entails, I ask that you kindly give 24 hours notice if canceling or rescheduling. Otherwise, you will be billed \$50 for the time. (\$30 non - refundable, \$20 of which can then be applied to a rescheduled appointment)

Owner							
Last Name:			First Name:			MI:	
Address:			City:		State:	Zip:	
Home Phone:		Work Phone:		E-Mail:			
Pet Information							
Pet Name	Breed	Color	Age	Sex (Please "X")			
				Male Intact	Male Neutered	Female Intact	Female Neutered
Regular Veterinarian/Clinic							
Regular Veterinarian:				Clinic:			
Address:			City:		State:	Zip:	
Home Phone:		Fax:		E-Mail:			

Main behavior problem or complaint: _____

Additional problems (in order of importance to you): _____

Age of onset: _____

Has the problem changed since onset? _____

Frequency of each problem: _____

Please describe example of most recent incident or typical incident:

Have you sought previous help for this problem? If so, where and what was suggested?

How do you discipline your dog for this problem and for other misbehaviors?

Please list all people, including yourself in the home. Include ages, gender, and how long you are away from home on weekdays:

Please list all animals in the home including patient. Please indicate the order in which they came into the home, ages, breed, and sexual status:

What is dog's relationship to others in the home (friendly, aggressive, hostile, fearful, etc.)

Home environment (circle all that apply):

City/Town Suburbs Rural Single family home apartment duplex townhouse/condo

Has there been any move since dog entered family? How many times? _____

Where was dog obtained? (circle one) breeder(referral) breeder (newspaper) friend SPCA pet store stray

Why did you decide to get a dog? _____

Did you choose this breed specifically? If yes, then why this particular breed?

If known: how many littermates? Males _____ females _____ why did you choose this dog over the others?

Have you owned dogs before? ____ Yes ____ No

How old was your dog when you obtained? _____

What was the dog's behavior like then? _____

Did you meet the dog's parents? _____ Describe their behavior: _____

Has this dog had previous owners? _____ If known, how many? _____

Why was the dog given up?

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

If pet intact, has he/she ever been bred? _____

Are you planning to in future? _____

Feeding schedule: Please list type of food, brand name, dry versus moist, amount, meal times, who feeds, and location of food:

What is your dog's favorite treat? _____

How much structured exercise does your dog get daily? What type of exercise?

How does dog behave with familiar visitors?

How does your dog behave with unfamiliar visitors?

How does your dog react to children?

Has your dog gone to obedience class?

What percent of the time will your dog do the following for each member of the household?

Sit: _____ Stay: _____ Down: _____ Come: _____ Heel (Doesn't pull): _____

Any tricks?

Does your dog show in breed or agility?

Does your dog do any of the following?

Jump on people without permission? _____
Paw at you or at others for attention? _____
Lick you? _____
Mount people? _____ If yes, whom? _____
Mount other animals or objects? _____ If yes, describe: _____
Bark at you? _____ If yes, When? _____

If barking is a problem, please describe what situations lead to excessive barking:

How would you describe your dog's energy level (circle one): low average high excessive

Is your dog on any medication currently for this or any other reason?

Past medical problems: (if there are any problems, current or past that required medical attention, please have your vet send or fax me a copy of the treatment history)

Date of last rabies vaccination: _____ Was this a one year or three year vaccine? _____

For each of the following, please mark how the dog reacts. If reaction differs depending on person involved, please note this as well. If it only happens rarely, also note this)

Pet, hug, kiss dog: _____
Call off furniture or push/pull off furniture: _____
Approach while on furniture: _____
Disturb while resting or sleeping: _____
Startle awake: _____
Approach while eating: _____
Touch dog or food while eating: _____
Take food away: _____
Take human food away: _____
Take stolen object away: _____
Take rawhide away: _____
Verbally punish: _____
Physically punish: _____
Stare at dog: _____
Lean or bend over dog: _____
Hug others around dog: _____
Leave or enter room: _____
Reach out toward or over dog: _____
Leash /collar restraint: _____
Bathe dog: _____
Towel off dog: _____
Groom/brush dog: _____
Trim nails: _____
Dog at veterinary clinic: _____
Unfamiliar adult enters house or yard: _____
Unfamiliar child enters house or yard: _____
Familiar adult enters house or yard: _____

Familiar child enters house or yard: _____

Response to toddlers/babies: _____

Dog in car: _____

Dog approached outside while on leash: _____

Dog in house, sees people outside: _____

Response to other dogs while on leash: _____

Response to other dogs while not on leash: _____

Which of the following statements best describes your current situation:

1. I am here out of curiosity, but the problem is not serious.
2. I would like to help the problem, but it is not serious.
3. The problem is serious, but if it remains unchanged, that is okay.
4. The problem is very serious, and I want to change it, but I will keep my dog regardless of the outcome.
5. The problem is very serious, and if I can not improve the situation, I will have to have my dog euthanized or give him/her up.

What do you hope to get from this consultation? (Please list 2 or 3 goals that are most important to you)

Thank you for putting the time into this history form. A complete history helps me to get to know your dog and case prior to consultation, so we can focus on your goals and treatment during our time together.

For Aggression Cases:

If this is not your dog's problem, you are done. Thank you for putting the time into this history form. A complete history helps me to get to know your dog and case prior to consultation, so we can focus on your goals.

Has your dog bitten people? _____

Total number of bites: _____

Number of bites that have broken skin: _____

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

Total number of aggressive incidents (growling, snapping, lunging, biting): _____

Describe a typical episode:

If you dog is placed in that situation 10 times, how many of those time will aggression be seen?

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

How old was your dog when he/she growled at a person for the first time? What was the circumstance?

How old was your dog when he/she bit or snapped at a person for the first time? What was the circumstance?

Please answer yes or no to the following:

1. Episodes appear unprovoked: _____
2. Dog is abruptly docile after an episode: _____
3. Dog appears sorry or licks after an episode: _____
4. Dog appears disoriented after an episode: _____
5. Episodes are associated with a glazed or absent expression: _____
6. I can usually tell what will set my dog off: _____
7. Attacks happen suddenly and surprise me: _____
8. The aggressive behavior is new and uncharacteristic: _____