



# East Greenbush Animal Hospital

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## DOG Behavioral History Form

(This must be filled out entirely and turned into East Greenbush Animal Hospital **before** we can schedule a behavioral consultation)

Name of Owner(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone numbers \_\_\_\_\_

If you are not a regular client here, have you had your records from your primary vet faxed to us at 518-477-1400? \_\_\_\_\_

Are you aware that Dr. Catherine Etherington is not a certified veterinary behaviorist? \_\_\_\_\_  
(if you would like to see a specialist, let us know – expect 2-3 hour travel time each way.)

Name of Pet \_\_\_\_\_ Birthdate \_\_\_\_\_

Gender \_\_\_\_\_ spayed or neutered? \_\_\_\_\_

Percentage of time spent indoors? \_\_\_\_\_ Outdoors? \_\_\_\_\_

What kind of food do you feed? \_\_\_\_\_

Is the food left out all of the time? \_\_\_\_\_

Please list all medications, preventatives, supplements he/she is on:

How often do you play with him/her? \_\_\_\_\_

Describe what you do to play with you dog and what kinds of toys:

What training has your dog undergone? Previous classes, etc?

Please list commands that your dog knows:

Do you walk your dog? \_\_\_\_\_ How many times a week? \_\_\_\_\_

How long are the walks? \_\_\_\_\_ What kind of leash/collar do you use? \_\_\_\_\_

How do you discipline your dog?

Would you consider he/she housetrained? \_\_\_\_\_

Is your dog crate-trained? \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_

How old was he/she at this time? \_\_\_\_\_

Has she/he had other owners in the past? \_\_\_\_\_ How many other owners? \_\_\_\_\_

Why did they give him/her up? \_\_\_\_\_

How does your dog interact with other dogs?

How does your dog interact with strangers?

How does your dog act when you leave the house?

How does your dog act when you return?

Please list people in the household and ages:

Please list other pets in the household and if they get along with this dog:

In one sentence, please describe your dog's personality:

What is the main behavioral problem?

List other minor behavioral problems and severity:

How old was the dog when the problem started? \_\_\_\_\_

How frequent is this problem? \_\_\_\_\_

How long does it last? \_\_\_\_\_

Are there any triggers or can you predict when this behavior will occur:

During the last 2 months is the problem getting worse, same, or getting better?\_\_\_\_\_

On a scale from 1-10, please describe your level of frustration with this problem (1 is mild annoyance and 10 is ready to give up your dog )\_\_\_\_\_

Are you considering giving up your dog or euthanasia if this problem doesn't improve?\_\_\_\_\_

What have you done to try to correct the problem in the past?

Describe the last 2 occurrences of this behavior in detail- where, how long, who was present, exactly what happened, etc:

Please check your dog's response to the following actions:

<b>Action</b>	<b>Growl</b>	<b>Lift Lip</b>	<b>Snap</b>	<b>Bite</b>	<b>No Response</b>	<b>Not Tried</b>
Touch dog or dog's food while eating						
Take away treat/toy or bone						
Disturb dog while sleeping						
Restrain dog when he/she wants something						
Pet dog						
Handle dog's face/mouth						
Handle dog's feet						
Bathe dog						
Stare at dog						
Reprimand dog in loud voice						
Remove dog from furniture						

Pull dog by collar/scruff						
Lift dog						
Trim nails						
Take away stolen object						
Approached by small child						
Use blow dryer						
Dry off with towel						
Cleaning hind end						
Applying topical medication						
Walk by dog while in crate						