



# CANINE TRAINING AND BEHAVIOR INTAKE FORM

GENERAL INFORMATION			
Name:		Date of consultation:	
Address:		Postal (zip) code:	
		Email:	
Phone: Home: (     )	Business: (     )	Fax: (     )	
For referred cases: Veterinarian's name __ clinic:			Clinic phone:
Clinic address:			
How did you hear about our service?			

PET INFORMATION			
Pet's name:			Date of birth:
Weight:	Sex: M/F	Neutered: Y/N	Age neutered:
Any change after neutering?			
Breed:	Color:		Age obtained:
Where did you obtain this pet?		Breeder (if applicable):	
Describe previous home/homes (if known):			
For what purpose was your pet obtained?			
Behavior of parents or littermates (if known):			
Briefly describe your dog's personality (e.g., quiet, confident, excitable, unruly, bold, stubborn, etc.)			

THE HOME ENVIRONMENT	
Type of food:	How often is your pet fed?
When fed?	Type of treat(s)?
How often do you give treats?	When do you give treats?
List any supplements:	
List all other pets, including species, breed, age, and sex:	

Describe how your pets get along with each other:
List each family member living in the home (include sex and age of children):
Describe briefly how your pet gets along with each family member including any problems:

REINFORCER ASSESSMENT
What is your dog's favorite reward?
If you could give your dog ANY food as a reward, what would be the favorite? List the top five:
Other than food, what rewards (e.g., toy, affection) would be most enticing to your dog? List the top five:

DAILY ACTIVITIES AND ROUTINE	
Type of exercise/play:	
Who exercises/plays?	
How often/how long?	
Favorite game(s):	Favorite toy(s):
Where is your dog's favored sleeping spot?	
Where does the dog sleep at night?	
Have you ever used a crate for confinement? Y/N If yes, describe crate and location	
Describe the dog's reaction to being crated?	
Do you still use a crate? Y/N If no, when and why did you stop?	
Briefly describe the usual daily schedule for the family:	

TRAINING		
Has this pet had obedience training? Y/N ___Class ___Private instructor ___I trained my pet at home		
Describe training classes your dog has had (including trainer's name if applicable):		
Type of training collar used	Dog's response	Success (rate 1-5; 1 = poor, 5 = good)
None, trained off leash		
Neck collar Y/N If yes, indicate type:		
Remote collar Y/N If yes, indicate type, i.e., shock, citronella, etc.		
Head halter Y/N If yes, indicate type:		
Body harness Y/N If yes, indicate type:		



Does your dog respond differently to punishment from different family members? Y/N If yes, describe:

HANDLING	
How does the dog react to the following types of handling:	
Nail trimming?	Ear cleaning?
Brushing?	Bathing?
Rubbing belly?	Patting head?
Grabbing collar?	Being lifted?
Rolling over?	Teeth brushing?
Giving pills?	Giving liquid medications?
Hugging/kissing?	

HOUSETRAINING SCREEN	
Where is your dog's primary location for elimination?	
On average, how many times a day does your dog a) urinate _____ b) defecate _____	
Is your dog completely housetrained? Y/N	
If Yes, please proceed to Medical Screen If No, please continue to answer the following questions	
Does your dog ever eliminate outdoors? Y/N	Do you accompany your dog to its elimination site? Y/N
What is <i>your dog's</i> favored location outdoors?	
What is <i>your</i> preferred location for your dog to eliminate?	
What do you do after your dog eliminates in the correct location?	
What do you do when you catch your dog soiling in an incorrect location?	
Does your dog signal to eliminate? Y/N If yes, describe:	
About how often does your dog housesoil?	
When is the dog most likely to housesoil?	
Does your dog soil in the home by urinating, defecating indoors or both? (circle one)	
What are the most likely locations for indoor elimination?	
Does your dog housesoil when family members are at home? Y/N If yes, describe:	
Does your dog housesoil while you are watching? Y/N If yes, describe:	
What do you do when you find urine or stool in the improper location?	
Does your dog urine mark? Y/N If yes, describe:	
Does your dog ever eliminate in a location where he/she has been sleeping? Y/N	Does your dog ever leak/dribble urine? Y/N
Do you ever confine your dog to a crate? Y/N If yes, does your dog ever eliminate in the crate? Y/N	
Uncontrollable urination when excited? Y/N	Uncontrollable urination when frightened? Y/N
Does urine leak while your dog is a) sleeping? ___ b) walking? ___ c) approached by owners? ___ d) approached by stranger? ___	

MEDICAL SCREEN	
Appetite: Normal ___ Voracious ___ Decreased ___ Picky ___ Increased ___ Eats fast ___	

Does your pet have any arthritis or other painful conditions? Y/N If yes, describe:
Have you noticed any deficits in your pet's senses? Y/N If yes, describe:
Does your pet drink or urinate excessively? Y/N If yes, describe:
Stools:    Normal ___    Constipation ___    Less frequent ___    More frequent ___    Soft/diarrhea ___
Urine:    Normal ___    Infrequent ___    More frequent ___    More volume ___
Does your pet have normal eating and bowel movements? Y/N If no, describe:
Does your pet have any other medical problems? Y/N If yes, describe:
Is your pet presently on any medication? Y/N If yes, describe (include name, dosage, duration):
Has your pet had any laboratory tests (blood, urine, X-rays, etc.)? Y/N If yes, indicate any abnormal findings:
If this is a referred case, please have your veterinarian complete the medical section of this questionnaire

DEPARTURE BEHAVIOR SCREENING		
When you go out is your dog confined or crated? Y/N If yes, indicate if crated or what areas are restricted:		
How long is the dog left alone on the average day?		
At what time of the day is your dog left alone?		
How does your dog react when you prepare to leave?		
Has your dog ever been left at a kennel, veterinary office, or with a friend/relative?		
If yes, describe your dog's reaction:		
Is the dog ever alone outdoors? Y/N	How often?	How long (average)?
Where is the dog left when outdoors?		
How does your dog react to being left alone outdoors?		
Does your dog exhibit any behavior problems when you leave it alone? Y/N		
If No, proceed to Reactivity below		If Yes, please continue to answer the following questions
Describe your dog's behavior when left alone at home (list problems and how long after departure they occur):		
Does the behavior differ depending on length of time or time of day left alone?		
How does your dog react at the time of departure (as the last person prepares to leave)?		
Does the behavior differ depending on who is the last to leave?		

What is the dog's reaction at homecomings?
Have you ever left the dog alone in the car? Y/N If yes, how does it react?

REACTIVITY – indicate how your dog reacts to each of the following (check all that apply)						
Familiar dogs on property:	Calm ___	Excited ___	Ambivalent ___	Fearful ___	Friendly ___	Aggressive ___
Familiar dogs off property:	Calm ___	Excited ___	Ambivalent ___	Fearful ___	Friendly ___	Aggressive ___
New dogs on property:	Calm ___	Excited ___	Ambivalent ___	Fearful ___	Friendly ___	Aggressive ___
New dogs off property:	Calm ___	Excited ___	Ambivalent ___	Fearful ___	Friendly ___	Aggressive ___
Strangers outside on property:	Calm ___	Excited ___	Ambivalent ___	Fearful ___	Friendly ___	Aggressive ___
Strangers off property:	Calm ___	Excited ___	Ambivalent ___	Fearful ___	Friendly ___	Aggressive ___
Strangers arriving indoors:	Calm ___	Excited ___	Ambivalent ___	Fearful ___	Friendly ___	Aggressive ___
Car rides:	Calm ___	Excited ___	Ambivalent ___	Fearful ___	Friendly ___	Aggressive ___
Thunderstorms/fireworks:	Calm ___	Excited ___	Ambivalent ___	Fearful ___	Friendly ___	Aggressive ___
Other loud noises (e.g., shouting):	Calm ___	Excited ___	Ambivalent ___	Fearful ___	Friendly ___	Aggressive ___

AGGRESSION SCREEN				
Has your pet ever displayed any:	Threatening displays? Y/N	Growling? Y/N	Bite attempts? Y/N	Bites? Y/N
When was the most recent attempt to bite or threaten?				
If yes, has this problem been entirely resolved? Y/N				
Situations causing aggression				
Petting/handling/restraint:	growled ___	attempted to bite ___	bitten ___	no aggression ___
If yes, describe:				
Eating food or treats:	growled ___	attempted to bite ___	bitten ___	no aggression ___
If yes, describe:				
Chewing toys/stolen objects:	growled ___	attempted to bite ___	bitten ___	no aggression ___
If yes, describe:				
Waking up:	growled ___	attempted to bite ___	bitten ___	no aggression ___
If yes, describe:				
If there have been no signs of aggression (growl, bite attempts, biting) or if it has been entirely resolved, then proceed to next page				
Is aggression the primary reason for today's visit? Y/N				
What is the potential for injury: a) none/preventable ___ b) minimal ___ c) moderate ___ d) severe ___				
Is the problem serious enough that you will be unable to keep your pet if it is not improved? Y/N				
Is your dog ever aggressive to members of the immediate family? Y/N If yes, who?				
Describe:				
Is your dog ever aggressive to visitors to your home? Y/N Were the people known, strangers, or both? (circle one) Describe:				

Is your dog aggressive to people when off property? Y/N Were the people known, strangers, or both? (circle one) Describe:
Is there a particular person or type (age, sex, uniforms) that your dog is most likely to threaten or bite?
Is there a particular location or situation where aggression is most likely to occur?
Has your dog ever bitten hard enough to break skin or cause injury? Y/N If yes, describe:
Describe situations where your dog barks, threatens, or growls, but does not bite:
Does your dog ever display aggression to other animals? Y/N If yes, what animals?
Describe aggression:
When your dog threatens or attempts to bite, how do you handle the situation and what is the dog's reaction?
After your dog has bitten 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? (bold, protective, outgoing, fearful, etc.)
How would you describe your dog's expression and postures at the time of aggression? (cowering, ears back, tail tucked, hackles raised, retreating, hiding)

PRINCIPAL COMPLAINT
What is the primary problem? (aggressive, destructive, housoiling, barking, etc.):
How would you describe the severity of this problem? (circle one) Mild Moderate Severe
Have you considered euthanasia? Y/N Comment:
<i>Please answer all of the following unless they have been entirely covered in another section</i>
When did the problem begin?
What age was your pet when this problem started?
What do you think caused the problem?
Describe the problem, beginning with the most recent incident:
Describe previous incidents:

Describe the first incident:
How often does the problem occur?
Has there been a recent change in frequency or severity? Y/N If yes, describe:
Describe any changes in the home or the pet's health when the problem first started:
What has been done so far to try and correct the problem?
What has been the dog's response?
List any techniques that have been at all successful:
List any techniques that have made the problem worse:
List any drugs (include dosage) tried so far, and the dog's response to medication:
List any other dietary treatments, supplements, or remedies and the dog's response:

MISCELLANEOUS (please answer any of the following that have not been previously discussed)		
Disobedient:		
Jumps up (owners) Y/N	Jumps up (strangers) Y/N	Won't come when called Y/N
Nips/grabs with mouth Y/N	Only listens when feels like it Y/N	Pushy/demanding Y/N
On furniture where not allowed Y/N	In rooms where not permitted Y/N	
Exploratory: Normal ___ Infrequent ___ Increased ___ Excessive ___		
Activity: Normal ___ Lazy/inactive ___ Restless/won't settle ___ Highly active ___ Overactive ___		
Sleep: Normal ___ Increased ___ Less frequent ___ Restless sleep ___ Night waking ___		
Stool eating: Y/N If yes, own stools ___ other dogs ___ cats ___ other:		
Garbage raiding: Y/N Food stealing: Y/N Eats non-food items (pica) Y/N Licks objects Y/N		
If yes to any of above, describe:		
Destructive: Chewing Y/N Digging Y/N Other:		
If yes, describe:		
Grooming: Normal grooming Y/N Excessive grooming/licking Y/N Self-injurious Y/N		
If there is abnormal grooming, describe:		



<p>Repetitive/compulsive/unusual activity: Tail chasing ___ Sucking ___ Star gazing ___ Fly chasing ___ Light chasing ___ Staring ___ Other:</p>
<p>If yes to any of above, describe:</p>
<p>Chasing Y/N If yes, describe:</p>
<p>Hunting/predation Y/N If yes, describe:</p>
<p>Vocalization: Barking Y/N Howling Y/N Whining Y/N</p>
<p>If yes, describe:</p>
<p>Anxiety/fear:</p>
<p>Noise sensitivity Y/N If yes, describe:</p>
<p>Phobic/excessive fear/panic Y/N If yes, describe:</p>
<p>Shyness/timidity (non-aggressive), e.g., ears back, cowering, tail tucked, shaking, retreating, hiding, etc. Y/N</p>
<p>If yes, describe any situations not discussed previously where your dog is fearful or overly anxious:</p>
<p>How long after exposure to these events is finished does your dog settle down (i.e., back to normal)?</p>

Additional problems or comments:

Connie Winters' Pet Resort is a full-service state-of-the-art facility that offers boarding, grooming and day care for dogs and cats, day camp for dogs, and training sessions for groups and individuals. The facility is located at 335 Winterfield Road in Indiana, PA. To see more information, please visit us at <https://conniewinterspetresort.com/> or call us at 724-465-6120.

**VETERINARY HISTORY FORM**  
(for referred cases, to be completed by referring DVM prior to consultation)

Clinic:	Phone #:	
Address:	Doctor's name:	
	Postal code:	
	Fax #:	
Client's name:	Pet's name:	
<b>Behavioral History</b>		
Describe the pet's behavior in your clinic, including any problems that you have observed:		
For what behavior problem is this dog being referred? (i.e., presenting complaint or diagnosis)		
Please indicate any advice or counseling that you have given the client thus far (including dates):		
Have any medications or products been suggested? If yes, indicate dates, duration, and response:		
<b>Medical History</b>		
Date of most recent physical/dental examination:		
List any abnormal findings:		
Vaccination status:	Date:	Vaccines administered:
List any present medical problems:		
Are you aware of any sensory deficits? Y/N If yes, describe:		
Are you aware of any painful conditions in this pet? Y/N If yes, describe:		
List any recurrent or previous medical problems:		
Is the pet presently receiving treatment or medication of any type?		
<b>Diagnostic Screening Tests</b>		
Attach a copy of all recent diagnostic or screening tests. Alternatively, please complete this section.		
Indicate what diagnostic or screening tests have been performed and the date of each:		

List any abnormal results: