



Your Dog.
Your Cat.
Behavior You Love.

Play To Behave
Veterinary Behavior Counseling

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Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ email address: _____

Your Regular Veterinarian: _____

Clinic Name: _____

Address: _____

Phone: _____

Fax: _____

Your Regular Trainer: _____

Business Name: _____

Address: _____

Phone: _____

Fax: _____

Referred by / How did you hear about Play To Behave? _____

Please fill out this form carefully and completely. The information which you provide will be very important for diagnosing and treating your dog's behavior problems. Thank you.

GENERAL INFORMATION ON YOUR PET

Dog's name: _____ Birthdate: _____ Age: _____ Weight: _____

Breed and Color: _____

Sex: M F Neutered Spayed - at what age? _____ At what age did you obtain your dog: _____

Where did you obtain your dog? Friend, breeder, pet shop, humane society, other _____

Please list the reasons you got your dog, such as for companionship, protection, breeding, show, other _____

Feeding habits:

Brand(s) of food _____

Frequency of meals: Once a day Twice a day Free choice Other _____

Where is he/she fed and by whom? _____

Does he/she get table scraps, treats or supplements? If so, please describe _____

Activity:

Time spent indoors: _____ % outdoors: _____ %

How long is your dog typically home alone: _____

What toys/types of play does your dog enjoy?

Please indicate your dog's typical location in your home (check all that apply):

Location when:	Crate	Small room	Bedroom	Loose in house	Other
You are home					
You are away					
You are asleep					

Please indicate your dog's typical exercise: (Mark WD if "weather dependent" and check all that apply)

Activities	Daily	Multiple times/day	Short amount of time	Long amount of time
Walk				
Hike				
Run				
Ball play				
Class Activity				
Sport such as agility				
Other				

Personality:

Please describe your dog's personality: (Circle all that apply and add your own if you like)

intelligent * spiteful * shy * touchy * affectionate * sensitive * playful * grumpy * curious * fearful * hyperactive *
 basically nice * basically nasty * aloof * confident * aggressive to family * aggressive to strangers * excessively
 defensive * difficult to handle * aggressive in play * defiant * bold

Does this dog get along with other animals? If not, please explain:

How does this pet react to unfamiliar people?

HOUSEHOLD INFORMATION:

FAMILY MEMBERS:

Name	Age	Schedule	Relationship with Dog

Who has the main interaction with the dog? (Please indicate who feeds, walks, sleeps with and/or trains the dog)

PETS:

Name	Type of Pet/Breed	Male/Female/Neutered?	Age Obtained	Age now	How does this pet relate to the others/family?

Recent Changes:

Were there any recent/significant changes in this dog's life? Please circle any that apply.

- | | |
|-----------------------------------------------------------------------------|--------------------------------------------|
| Moved | Change in dog's schedule |
| Boarded at a kennel or another home | Change in family's schedule |
| Daytime visitors (either people or pets) | New family member or new baby |
| Overnight visitors (either people or pets) | New roommate |
| New furniture or remodeling | New pet |
| New landscaping | Diet change |
| Traveled | Illness in family |
| Dog's health | Significant family event such as a wedding |
| Holiday celebration which changed environment (for example, Christmas tree) | Other |

MEDICAL HISTORY: Please provide any bloodwork, testing or relevant history, preferably before our appointment

Date of last physical exam: _____

Routine care	Up to date?	Not Up to date?
Distemper/Parvo/Hepatitis/Leptospirosis/Parainfluenza Vaccine Booster?		
Rabies vaccine?		
Bordetella (Kennel Cough) Vaccine?		
Heartworm testing?		
Heartworm preventative given?		

List all medical problems including the diagnosis and when first diagnosed:

List all medications (including dosage and schedule) currently being taken by this dog and why:

BEHAVIOR ISSUES

ISSUES AND CONCERNS

Main Concern:

Please describe your main concern:

Frequency (for example: hours, weekly, monthly, when people are visiting, only happened once, etc.)

Date of first episode:

Has the problem improved, gotten worse or stayed the same in frequency and/or intensity?

Severity (nuisance, can't stand it, makes me want to cry, can't live with it, etc.)

What have you done to try and correct the problem?

Can you describe an episode?

Please indicate any other behavior problems:

house soils
destructive chewing
feeding
sexual
grooming
digging
swallows nonfood items

shy
eats stool
pacing
aggressive
barking
learning
sleep

play
jumps up
unruly
bites
fights
runs away
destructive scratching

pulls hard on leash

Any others not listed? Comments?

TRAINING:

Have you used or participated in the following?	Yes/No	Comments
Training on your own		
Trainer who came to your home		
Formal training classes		
Special training such as agility, search/rescue, rally		
Type of training collar used		
Type of leash used (clip leash, retractable, slip, etc.)		
Can you motivate your dog? With what? Food/toys/praise		
What type of correction do you use?		
Additional training methods?		

REACTIVE OR AGGRESSION ISSUES:

Please describe all situations which are likely to elicit aggressive behavior such as growling, nipping, biting, attacking, etc. (e.g. petting, stranger approaching, children approaching, only when in the car, reaching for, punishing, pushing, taking food or toys away, disturbed while sleeping, etc.):

If your dog has an aggression problem, describe at least the last two or three aggressive incidents in detail on the back of this page.

Please add any other information which you feel is relevant to your dog's reactive or aggressive tendencies.

GOALS!!!

Please describe what outcome would please you.

Are you considering giving up your dog?

Is there a "deal-breaker" for you that will cause you to relinquish your dog? If so, what change needs to be made to insure that your dog can remain a part of your family?