

Behavior Intake Questionnaire:

Date: _____

Dog's Name: _____ Breed: _____ Age: _____ Spayed/neuter: y/n

Owner's Name: _____ Phone: _____

Address: _____

Veterinarian: _____ Phone: _____

Groomer: _____ Phone: _____

Age dog was acquired: _____ Breeder/Shelter Name: _____

Please fill out form to the best of your knowledge. If you need more space use the back of the page.

Is your dog on currently taking medication or supplements? Y/N If yes, what and for how long: _____

Does your dog have any medical conditions: _____

Has your dog had any surgeries or needed advanced medical care? _____

Has your vet ever expressed concerns about your dog? Y/N If yes, please explain: _____

Has your groomer ever expressed concerns about your dog? Y/N If yes, please explain: _____

Does your dog allow you to:
Clean its ears: Y/N Brush: Y/N Trim toe nails: Y/N Take temperature: Y/N

What type of food/brand do you feed?: _____ How much? AM ___ Noon: ___ PM ___

Has your dog ever shown signs of stress, fear, possession around their meal time?: Y/N If yes, please explain: _____

Has your dog ever shown signs of stress, fear, possession around other food?: Y/N If yes, please explain: _____

Has your dog ever shown signs of stress, fear, possession around toys, rawhides, or bones? Y/N If yes, please explain: _____

Does your dog jump on people? Y/N If yes, please indicate which apply:
On children when playing when I come home
when guests arrive when scared
When I am holding a toy or treat when dog is excited while on a leash
other: _____

Does your dog vocalize while jumping? Y/N

Does your dog put its mouth on you?

When playing	mouths my arms	pulls on clothing
bottom nipping	Pinch nips	air snaps, doesn't touch me
when I am petting	gnaws on hands/arms	
nail trimming	Grabs pant legs	attacks shoes

Other: _____

Does your dog put its paws on you?

When soliciting your attention	when wanting pets
when they're hungry	when they want out
When jumping up	when nervous

Other: _____

Does your dog put its paws on the tables, counters, chairs/sofa? Y/N

Is your dog allowed on the furniture? Y/N

If yes, do you want it to keep it that way? Y/N

Where does your dog sleep? _____

Are they crate trained? Y/N When do you use the crate: _____

How does your dog spend the day: _____

How does your dog WANT to spend the day: _____

What motivates your dog(food, toys, attention, happy talk, fetch)? _____

What activities does your dog enjoy: _____

What words or actions solicit wiggles & happy responses: _____

When do you use them?: _____

What words or actions solicit worried responses?: _____

When do you use them?: _____

How would you describe your dogs leash manners? _____

Rate your dog's actions on a scale of 1 to 5(one being poor & five being great):

When I arrive home:	1	2	3	4	5
When other people arrive	1	2	3	4	5
When meeting people on street	1	2	3	4	5
At the vet's office	1	2	3	4	5

Around children	1	2	3	4	5
When meeting another dog on leash	1	2	3	4	5
When meeting another dog off leash	1	2	3	4	5
Responsiveness off leash	1	2	3	4	5
Responsiveness to obedience	1	2	3	4	5
Car rides	1	2	3	4	5
Backyard behavior	1	2	3	4	5
When you are cooking	1	2	3	4	5
When you are dining	1	2	3	4	5

Has your dog ever shown signs of being scared? Y/N
 Explain: _____

Does your dog have any sound sensitivity issues?: Y/N
 Explain: _____

Does your dog ever back away from being touched by you or by a stranger/
 guest?: _____

Has your dog ever bitten you? Y/N Please explain:

Has your dog ever bitten someone else? Y/N
 If yes, please date each incident, explain circumstance of each, injury occurred, and
 any medical treatment needed:

Owner's signature: _____ Date: _____