Canine Behavioral History Form
The University of Florida Behavior Service
College of Veterinary Medicine

Date of Exam _______ Weight (kg)_______ Date of Birth__________

Attention Client: Please complete this form with as much detail as possible and return it to us before your appointment. You may email it to curtist@mail.vetmed.ufl.edu or fax it to (352) 392-6125 or regular mail it to:

The University of Florida Behavior Service
College of Veterinary Medicine
Veterinary Medical Teaching Hospital
P.O. Box 100126
Gainesville, FL 32610

Please send email or fax replies at least 1-2 days prior to the appointment and regular mail 7-10 days prior to the appointment. Please bring all dogs involved in the behavior to the hospital for the appointment. If you have any questions, please call Dr. Terry Curtis at (352) 392-4700 ext. 5275. Thank you and we look forward to working with you and your pet(s)!

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Client Name: ______________________________

Client Phone: (home)________________________

(work)_________________________________

Address: __________________________________

Client E-mail: ______________________________

Other Contact Information: ___________________

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Dog’s Name:______________________________

Breed:___________________________________

Age:_______ Sex:__ Neutered:____
if yes what age

Weight:

Referral Information

Veterinarian’s Name: ______________________

Address: ______________________________________

Phone #: ______________________________________
I. Chief Complaint

1. What is the main behavior problem or chief complaint?

2. When did the problem begin?

3. When does the animal misbehave? How often and under what circumstances?

4. Has there been a change in frequency or appearance of the problem?

5. What has been done so far to correct the problem?

6. a. Describe the first incident?

b. Describe the most recent incident?

c. Describe the next most recent incident?

d. Other incidents?
7. Are there any other behavior problems?

II. Animal’s Environment

8. What persons are in the animal’s environment? What are their schedules?

9. What other animals are in the house or on the premises?

10. Where is the animal kept during the day? At night? When owner is away?

11. How is the animal exercised? Does it run free? How and when do you play with it?

III. Early History

12. Why was the animal obtained?

13. Source of the animal?

14. Age at weaning?
15. Age when obtained by present owner?

IV. Education

16. Method of house breaking? Age when house broken?

17. Does the animal ever eliminate in the house now?

18. Who trained the animal? How well does the animal obey for each person?
Please use chart: good, fair, poor

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<thead>
<tr>
<th>Person</th>
<th>Sit</th>
<th>Down</th>
<th>Come</th>
<th>Stay</th>
<th>Heel</th>
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19. Does the animal obey better in certain places?

20. Other obedience training (CD, CDX, etc.)

21. Any tricks such as fetch, shake hands?
22. Hunting or harness training?

23. How does your dog act during storms?

24. How does your dog act when it is left alone?

V. Feeding

25. What is the animal fed and when is it fed?

26. Who feeds the animal? Can you take the food away from the animal?

27. Does it have a good appetite? Does it like treats?

VI. Sexual and Maternal

28. Has the animal shown mounting behavior (male or female) or has been in heat? If the dog mounts, does he/she mount dogs (sex?) or inanimate objects (e.g. pillows)?

29. Has the animal been bred or used for breeding? Was it a good mother? Does the animal ever “mother” toys or other animals?
VII. Grooming

30. Does the animal keep its coat in good condition? Are there any areas which are licked excessively?

31. Does the animal tolerate brushing or enjoy it?

VIII. Social

32. Is the animal aggressive or timid with other animals of the same species? With other species?

33. How does the animal act with:

   Friends:

   Children:

   Strangers:

   Veterinarians:
34. a. When does the dog bark?

b. When does the dog whine?

IX. Learning

35. Would you describe your pet as a good, fair, or poor learner?

X. Sleep

36. Does the animal sleep through the night? Is he restless at night? Where does the animal sleep at night?

XI. Medical

37. Brief medical history.
38. Is your dog currently on any medication? (including heartworm and flea preventive) If so, what? And for how long?

39. Describe a typical day in the dog’s life.

Behavior During Exam (to be filled out by doctor during exam)