



Date of Report: / /

BEHAVIOR CASE REPORT (CANINE)

Owner: _____
Address: _____
City: _____
Zip Code: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
E-mail: _____

Informed of Charge: yes no
Charge: _____
Method: cash check MC Visa
Card#: _____
Exp. Date: _____ Sec. Code: _____

Pet's Name: _____
Age: _____ DOB: _____
Breed: _____
Color: _____ Wgt: _____
Sex: male male(N) female female(N)
Age Neutered: _____
Reason Neutered: _____
If intact, reason: _____

Veterinarian: Dr. _____
Clinic: Hardaway Veterinary Hospital
Phone: 406-388-8387
Copy to Veterinarian: yes no

How did you learn of our services?
Veterinarian phone book former client
Other: _____

Name & approx. ages of adults in the household:
1) _____
2) _____
3) _____

Names & ages of children in the household:
1) _____
2) _____
3) _____
4) _____
5) _____
6) _____

Other pets in the household:

Name	Species/Breed	Age
1) _____		
2) _____		
3) _____		
4) _____		
5) _____		
6) _____		
7) _____		
8) _____		

Did adult household members own pets as children? Yes No
Details: _____

Household history of previously owned pets:



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Pet obtained from:
Breeder Own Breeding Animal Shelter
Stray Pet Shop Private Home

Other: _____

Length of time owned: _____

Age pet was obtained: _____

Why pet was obtained: _____

Why this breed: _____

Describe the environment where this pet was obtained: _____

Describe temperaments/interactions with parents/adults: _____

Number in litter: _____

Why did you choose this pet out of the litter: _____

How many homes has this pet had? _____

Reason this pet was given up: _____

Date of last medical exam: _____

Reason for visit: _____

Related medical history: _____

List all medications including dosages and schedule currently being taken by this pet:

1) _____

2) _____

3) _____

4) _____

Type of diet fed: canned moist
 dry table food combination

Brand(s) fed: _____

% of protein: _____

Treat(s) fed: _____

How often fed: SID BID TID >TID
Free choice

Times fed: _____

Other details of feeding: _____

Is pet crate trained? Yes No

Family's daily schedule:

1) someone home all day

2) someone home half day

3) work full time

4) varies

Details: _____



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Housing of pet: _____

Does dog attend daycare? Yes No

Where: _____

Days: SU MO TU WE TH FR SA

At Home/owners present: _____

- 1) crated
- 2) confined area of house
- 3) run of house
- 4) loose in yard
- 5) tied/kenneled outdoors
- 6) in daycare

At Home/owners absent: _____

Night: _____

- 1) sleeps on bed
- 2) sleeps in bedroom
- 3) crated
- 4) confined area of the house
- 5) loose in yard
- 6) tied/kenneled outdoors

Outdoor containment: _____

- 1) traditional fence
- 2) underground fence
- 3) kennel
- 4) tie out
- 5) none

Exercise: _____

Walks: _____

- 1) never
- 2) once a week
- 3) several times a week
- 4) once daily
- 5) several times daily

Duration of each walk _____ min.

Location(s) of walks: _____

Outdoor playtime: _____

- 1) never
- 2) once a week
- 3) several times a week
- 4) once daily
- 5) several times daily

Duration of outdoor playtime: _____ min.

Outdoor activities played with household members: _____

Duration of indoor playtime: _____ min.

Activities played: _____

Toys played with: _____

Obedience history: _____

- 1) no training
- 2) no class, self trained
- 3) private in home training
- 4) puppy class
- 5) basic group class
- 6) advanced group class (CGC)
- 7) competition obedience
- 8) Schutzhund/Guard dog
- 9) Board and train

Training style: _____

positive with corrections combination

Details of instruction: _____



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Age dog started: _____
 Age dog finished training: _____
 Number of dogs in class: _____
 Instructor: _____

How dog behaved during training: _____

Outcome of dog training: _____

Commands does the dog respond to:

Sit	perfect	usually ok	needs work
Stay	perfect	usually ok	needs work
Down	perfect	usually ok	needs work
Come	perfect	usually ok	needs work
Wait	perfect	usually ok	needs work
Heel	perfect	usually ok	needs work
Leave-it	perfect	usually ok	needs work
Fetch	perfect	usually ok	needs work
Drop-it	perfect	usually ok	needs work
Other:	_____		

What type of collar/harness is the dog walked on: _____

Does the dog receive regular training now: yes no

With which family members: _____

Situations the dog responds best in:
 Home Yard Public Places

Classify dog's learning ability:
 Fast Average Slow Easily Distracted

The order of family members the dog responds best to:
 1) _____
 2) _____
 3) _____
 4) _____
 5) _____

Punishment techniques used on the dog:
 1) _____
 2) _____
 3) _____
 4) _____
 5) _____

What punishment is most effective: _____

How does the dog react to punishment:

Does dog react different to certain family members: _____

How does the dog behave at home for grooming & health care: _____

How does the dog behave for veterinary staff/groomers: _____



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PROBLEM LIST

Elimination:

- 1) Bed/crate wetting
- 2) Diarrhea/vomiting
- 3) House soiling
- 4) Urine marking
- 5) Submissive urination
- 6) Excitable urination

Social:

- 1) Demanding barking
- 2) Stress barking
- 3) Watch dog barking
- 4) Excitable barking
- 5) Aggressive barking
- 6) Howling
- 7) Whining
- 8) Demands touch
- 9) Jumps up

Ingestive:

- 1) Anorexia
- 2) Chewing
- 3) Coprophagia
- 4) Compulsive eating/drinking
- 5) Eats grass/plants/garbage
- 6) Pica
- 7) Prey catching
- 8) Steal food
- 9) Wool eating/sucking

Grooming:

- 1) Excessive licking on self
- 2) Excessive air licking
- 3) Excessive licking on others
- 4) Sucking/chewing
- 5) Excessive grooming
- 6) Self mutilation

PROBLEM LIST

Locomotory:

- 1) Fly snapping
- 2) Light chasing
- 3) Circling
- 4) Tail chasing
- 5) Pacing
- 6) Digging
- 7) Scratching objects
- 8) Roaming/running away
- 9) Car issues

Temperament Related:

- 1) Depressed
- 2) Hyper excitable/hyperactive
- 3) Fear of thunder/fireworks
- 4) Fear of men
- 5) Fear of woman
- 6) Fear of children
- 7) Fear of situations
- 8) Fear of objects
- 9) Fear of other animals

Aggressive Resistance:

- 1) During punishment
- 2) Training
- 3) Grooming
- 4) When stared at
- 5) Hand over head
- 6) When picked up

Aggressive to:

- 1) Family
- 2) Strangers
- 3) Other animals

Protective Behavior:

- 1) Food/toys/bones
- 2) House/yard/family
- 3) car



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Behavior Problem:

What age was the pet when the problem first occurred: _____

Situation the problem is most likely to occur in:

Is the problem more frequent with a particular family member:

What have you done to try and correct the problem:

Have any techniques been successful:

Has there been any change in frequency of the problem: yes no
Has there been any change in the intensity of the problem: yes no

Have there been any changes in the household or any other events that might have affected your pet's behavior: _____



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BEHAVIOR PROBLEM LOG:

DATE	PROBLEM	LOCATION	PEOPLE	DETAILS