

Date: _____

Behavior Evaluation Form

Name: _____ Vet Clinic _____

Street Address _____

City & State _____ Zip _____ Cell _____

Email _____

Alternate Phone _____

Referral Source _____

DOG'S NAME BREED SEX WEIGHT AGE COLOR _____

Spayed/Neutered? Yes or No If yes, at what age? _____ If no, explain _____

Current or past medical problems or injuries _____

Current medication _____

Other Household Pets Species/Breed

Training history, if any _____

Food Motivation: None 1 2 3 4 5 Obsessive

Toy Motivation: None 1 2 3 4 5 Obsessive

How many times a day is the dog fed? _____

How much is the dog fed? _____

What type of food is

fed? _____

Is the dog crate trained? Yes or No

Describe issues surrounding crate training (if any) _____

Allowed to run free in house? Yes or No Supervised Only / Unsupervised (circle one)

Allowed to run free in yard? Yes or No

Supervised Only / Unsupervised (circle one)

Type of fence _____

Allowed on furniture Yes or No

Comments _____

Describe walking on a leash _____

Does your dog obsessively:

____ Bark ____ Dig ____ Jump ____ Chew ____ Mouth ____ Chase their tail If so,
explain _____

Is your dog possessive of or ever growled/snapped over food, toys or other objects? Yes or No If yes,
explain _____

How does your dog react when strangers approach your home, yard, or out in
public? _____

How does your dog react to other animals (dogs, cats, birds, squirrels
etc.)? _____

Does your dog play off leash with other dogs? Yes or No
Describe _____

Is your dog startled or scared of loud noises (thunderstorms, fireworks, loud trucks, etc.)? Yes or No
Describe _____

Has your dog ever growled at someone? Yes or No
If yes, explain _____

Has your dog ever bitten someone? Yes or No
If yes, explain _____

Is your dog sensitive to any parts of his/her body being touched (ears, mouth, nails, etc.)? Yes or No If
yes,
explain _____

Notes/Challenges/Goals: