

DOG BEHAVIOR AND HISTORY INTAKE FORM

Name: _____ Date: _____

Address: _____ Phone # _____

City: _____ Zip: _____

Veterinarian: _____ Phone # _____

▶ List **only** your primary dog(s) of concern (List Name, Breed, Sex, Weight and Age):

▶ How long have you owned or fostered this dog(s)? _____

▶ List any **other** dogs in the House (List Name, Breed, Sex, Weight and Age):

▶ List any known medical conditions, physical injuries or current limitations for primary dog(s):

▶ Are rabies vaccinations current? Y N Are the dogs Neutered/Spayed? Y N

▶ Has the dog ever bitten the primary owner? Y N If yes, briefly describe below:

▶ Has the dog bitten other family members / roommates? Y N Briefly describe below:

▶ Has the dog bitten other people (neighbors, visitors, etc.)? Y N Briefly describe below:

▶ Has the dog ever been in a significant fight with another dog? Y N Briefly describe:

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▶ When passing or meeting other dogs, does your dog have any issues while leashed? Y N

▶ Does your dog have any issues with other dogs that live in the house? Y N

▶ Does your dog have any issues with guests coming into the house? Y N

▶ List or clarify any behavioral issues and concerns (List the most important or serious first):

▶ Give a brief history of the problem behavior(s):

▶ List any attempted corrections or remedies that have been tried:

▶ Other concerns or special considerations:

Please let us know who referred you: _____