



Happy Tail Dog Training LLC
Colleen Griffith, Managing Member
Canine Behavior Modification Consultation

Client Behavior History Form

Please complete the questions below as best as you can. Canine behavior is complex; hence, this questionnaire is designed to help me understand as much as possible about your dog's temperament, experiences, and living environment. The more information you're able to include in this form, the more cost-effective I'll be able to make your session(s). Please add any additional information you feel is pertinent. If you'd like a Word version of this document so you can edit it electronically, inform Colleen and she'll provide it for you.

Name:			
Address:			
City/State:		Zip:	
Phones (Home):		(Cell):	
Email:			
Dog's Name:		Age:	Gender:
Weight:			
▪ How long have you had the dog?			
▪ Dog's age when acquired?			
▪ What is your dog's breed and where did you get him/her?			
Spayed/Neutered?		If yes, at what age?	
▪ Number of adults in household:			
▪ How many children in household, include ages:			
▪ List other dogs in household, include ages:			
▪ List other pets in household, include ages:			
▪ Your experience level with dogs in general:			
First time owner _____ Somewhat experienced _____ Experienced _____			
▪ Your experience level with this particular breed, or a similar breed of dog:			
First time owner _____ Somewhat experienced _____ Experienced _____			
▪ Veterinarian, include contact information:			



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<ul style="list-style-type: none"> ▪ <i>List any medications your dog is taking (including dosages), as well as any health issues</i>
<ul style="list-style-type: none"> ▪ <i>Please list any allergies to food or medications. Please include his/her current vaccinations:</i>
<ul style="list-style-type: none"> ▪ <i>Please include his/her current vaccinations, including Rabies:</i>
<ul style="list-style-type: none"> ▪ <i>Please describe all of your dog's unwanted behaviors (i.e., behavior problems) and go into as much detail as you wish. Please feel free to use as much space (or extra paper) as necessary and please also describe what these behaviors look like.</i>
<ul style="list-style-type: none"> ▪ <i>When were the unwanted behaviors first noted?</i>
<ul style="list-style-type: none"> ▪ <i>How often and under what circumstances do the unwanted behaviors occur?</i>
<ul style="list-style-type: none"> ▪ <i>When (under what circumstances) do these unwanted behaviors NOT occur?</i>
<ul style="list-style-type: none"> ▪ <i>What has been done so far to correct the problem(s)? Type of discipline, confinement, training...</i>
<ul style="list-style-type: none"> ▪ <i>What was the dog's response to these corrective measures?</i>

Check other behaviors which might apply to your dog's current, or fairly recent, behavior:

Not housetrained		Jumps Up		Pushy		Escapes	
Food Thief		Unruly		Shy		Aggressive to dogs	
Barks		Doesn't Obey		Defensive		Aggressive to people	
Digs		Runs away		Fearful		Aggressive at vet	
Howls		Chases		Anxious		Fearful/shy at vet	
Mouthy		Eats stool		Nervous		Handling issues: nail trims, looking in ears	
Destructive Chewing		Eats junk		Demanding			



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<p>▪ <i>List any books and TV shows on the topics of training, canine behavior & social development that you've read or watched:</i></p>
<p>▪ <i>Have you consulted a behavior specialist or taken any training classes (including obedience, tricks, etc) with your dog?</i></p>
<p>▪ <i>What will your dog do on command/cue?</i></p>
<p>▪ <i>What equipment do you use with your dog when AWAY from home, such as on the walk (prong collar, choke chain, shock/vibration collar, head halter, front clip harness, etc)?</i></p>
<p>▪ <i>What equipment do you use with your dog when IN your home?</i></p>
<p>▪ <i>Have you conditioned your dog to wearing a muzzle?</i></p>
<p>▪ <i>Where does your dog sleep?</i></p>
<p>▪ <i>Is your dog crate trained? If yes, how many hours/day does he spend in his/her crate?</i></p>
<p>▪ <i>Describe your dog's behavior when traveling in the car (describe what it looks like, for example, sleeps, watches and barks out the window)?</i></p>
<p>▪ <i>How often do you feed your dog?</i> Once daily _____ Twice daily _____ Free feeding _____</p>
<p>▪ <i>What type of food? Does your dog have any known food allergies or is (s)he on a restricted diet?</i></p>
<p>▪ <i>Who exercises with your dog? Also, what kind of exercise (type and number of hours) does your</i></p>



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<i>dog get on a daily basis? On a weekly basis?</i>				
<ul style="list-style-type: none"> ▪ <i>Does your dog go to daycare or have a dog walker?</i> 				
Please describe your home setting by checking all that applies:				
House		Yard		<i>If applicable, list type of fence and height here:</i>
Apartment		Dog Door		
Townhouse/Condo		Fence		
Other (Please explain at right)				
<ul style="list-style-type: none"> ▪ <i>How long is your dog left alone each day and where does (s)he spend that time?</i> 				
<ul style="list-style-type: none"> ▪ <i>How does your dog react to being left alone (Check all that apply):</i> 				
My dog is relaxed when left alone		Destroys household items while you are at home		
Will move from room to room with you when you move		Destroys household items when you are gone		
Will sometimes be in a different room by his/her own choice		Does not destroy any inappropriate object		
Whines or barks when left alone				
<i>Provide any additional detail or information here:</i>				
<ul style="list-style-type: none"> ▪ <i>What makes your dog bark?</i> 				
<ul style="list-style-type: none"> ▪ <i>Is your dog over-protective of any of the following? If yes, please explain below:</i> 				
<input type="checkbox"/> <i>Food (with family, others, or dogs)</i>	<input type="checkbox"/> <i>Property (with family, others, or dogs)</i>			
<input type="checkbox"/> <i>Toys (with family, others, or dogs)</i>	<input type="checkbox"/> <i>You or another person</i>			
<ul style="list-style-type: none"> ▪ <i>If you answered yes to any of the above questions regarding being overprotective, please explain in further detail here:</i> 				



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<ul style="list-style-type: none"> ▪ <i>How does your dog react to others (please check all that apply)</i> 					
<i>When LEASHED and AWAY from home</i>		<i>When OFF-LEASH and AWAY from home</i>		<i>When at home</i>	
Strangers		Strangers		Strangers	
<i>Fearful and/or Shy</i>		<i>Fearful and/or Shy</i>		<i>Fearful and/or Shy</i>	
<i>Playful</i>		<i>Playful</i>		<i>Playful</i>	
<i>Barks, Lunges, Nips, or Growls</i>		<i>Barks, Lunges, Nips, or Growls</i>		<i>Barks, Lunges, Nips, or Growls</i>	
<i>Disinterested</i>		<i>Disinterested</i>		<i>Disinterested</i>	
Adults		Adults		Adults	
<i>Fearful and/or Shy</i>		<i>Fearful and/or Shy</i>		<i>Fearful and/or Shy</i>	
<i>Playful</i>		<i>Playful</i>		<i>Playful</i>	
<i>Barks, Lunges, Nips, or Growls</i>		<i>Barks, Lunges, Nips, or Growls</i>		<i>Barks, Lunges, Nips, or Growls</i>	
<i>Disinterested</i>		<i>Disinterested</i>		<i>Disinterested</i>	
Children		Children		Children	
<i>Fearful and/or Shy</i>		<i>Fearful and/or Shy</i>		<i>Fearful and/or Shy</i>	
<i>Playful</i>		<i>Playful</i>		<i>Playful</i>	
<i>Barks, Lunges, Nips, or Growls</i>		<i>Barks, Lunges, Nips, or Growls</i>		<i>Barks, Lunges, Nips, or Growls</i>	
<i>Disinterested</i>		<i>Disinterested</i>		<i>Disinterested</i>	
<p><i>Please add any additional information you feel is pertinent here:</i></p>					
<ul style="list-style-type: none"> ▪ <i>Has your dog ever bitten anyone? Or has your dog's teeth ever come into contact with the clothing or skin of another person? If you answer yes to either of those questions, please explain the circumstances and any damage done (i.e., bruising, broken skin, torn clothing) below.</i> 					



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Do you currently take your dog to dog parks? If so, how often? Also, if applicable, do you know whether your dog played at dog parks, prior to adopting him/her? If so, how often?

- Frequently One or two times
 Occasionally Never

If applicable, do you know if your dog played at dog parks prior to you adopting him/her? If so, how often?

How does your dog react to other dogs (Check all that apply):

Plays nicely with all dogs (s)he has met	<input type="checkbox"/>	Tries to avoid contact with other dogs	<input type="checkbox"/>
Plays nicely with most dogs, but does not like certain dogs	<input type="checkbox"/>	Growls or snaps for no apparent reason at other dogs	<input type="checkbox"/>
Plays nicely, but can become over-excited and too rough at times	<input type="checkbox"/>	Growls or snaps as a correction for another dog's behavior	<input type="checkbox"/>
Greets other dogs, but isn't interested in playing with them	<input type="checkbox"/>	Can not be off-leash or interact for extended periods of time with other dogs	<input type="checkbox"/>

Provide any additional detail or information here:

Has your dog **ever been attacked by another dog**? If so, at what age?

Has your dog ever attacked another dog or been in a fight with another dog or animal? If you answer yes to either of those questions, please explain the circumstances and any damage done (i.e., bruising, broken skin).

List three (or more) activities that your dog likes/loves:

List three (or more) foods that your dog absolutely LOVES:

What are your goals for this dog?