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DOG B E H A V I O R Questionnaire FOR PRIVATE CONSULT

The information you provide here helps us help you and your dog(s). Please fill out this form as completely and accurately as possible. If additional space is needed, attach a separate sheet.

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART I. CLIENT INFORMATION**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax

E-mail address

How did you learn about Berkeley Humane Behavior & Training?

**Dog’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Breed or Mix

Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_ Age Obtained\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate Weight\_\_\_\_\_\_\_\_\_\_\_\_

Sex (circle one): Male (intact) Male (neutered) Female (intact) Female (spayed)

Age neutered or spayed

Did you notice any short- or long-term changes in you dog’s behavior after altering? If yes, explain:

Where did you obtain your dog: BREEDER, FRIEND, PET STORE, ANIMAL SHELTER, RESCUE. OTHER

How old was your dog when you acquired him/her?

Has your dog had previous owners? If yet explain?

Describe your dog’s behavior as a puppy, if known. Anything unusual?

Why did you choose this dog?

Have you owned other dogs in the past?

**Your veterinarian’s name**

Note: After any behavioral consultation, we will send a letter to your veterinarian at your request.

Name of Veterinary Practice

Street Address

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip

Office Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax

When was your dog’s last veterinary exam?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were any of the findings related to behavior problems?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, what were the vet’s findings?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PART II.

Summarize the primary behavior problem

How would you describe the severity of this problem? MILD MODERATE SEVERE

Describe the last two incidents in as much detail as possible. Include an approximate date of each incident. Use additional sheets if necessary.

1.

2.

If you noticed any changes in your dog's body language or facial expression before, during or after the incidents please describe.

**FREQUENCY OF PROBLEM BEHAVIOR**

Please indicate the number of times the problem has occurred in each of the times indicated

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Past Week** | **Past Month** | **Past Year** |
| No. of Times |  |  |  |

**BACKGROUND INFORMATION**

|  |  |
| --- | --- |
| **Question** | **Your Response** |
| At what age was your dog when the problem began? |  |
| List techniques you have used to correct the problem. Put (+) next to techniques that seem to have helped.Put (-) next to techniques that made things worse.Put (0) next to techniques that had no effect. | 1.2.3.4. |
| Have any drugs or remedies been tried for this problem? Please list. Put (+) next to techniques that seem to have helped.Put (-) next to techniques that made things worse.Put (0) next to techniques that had no effect. | 1.2.3. 4.  |
| What do you think is the reason for your dog’s problem? |  |

**What would you like to see as an outcome for your upcoming appointment?**

**PART III. HOME**

**PERSONS LIVING IN THE HOUSEHOLD**

List each person living in the household, including sex, age, time away from home (for example 9am-5pm), and comment on that person’s relationship with your dog (for example: “feeds dog”, or “is afraid of dog”).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Age | Sex | Hours Away  | Relationship with Dog |
|  |  | M F |  |  |
|  |  | M F |  |  |
|  |  | M F |  |  |
|  |  | M F |  |  |
|  |  | M F |  |  |

**PETS LIVING IN THE HOUSEHOLD**

List all other pets in household. Comment on the relationships between the dog with the behavior problem and your other pets (for example: “get along” or “afraid of dog.”)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Species** | **Breed** | **Age** | **Sex** | **Comments** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**DIET**

|  |  |  |  |
| --- | --- | --- | --- |
| **Food/Treat**  | **Brand name** | **How often given?** | **Desire for this food type** |
| Dog food (canned) |  |  | mild moderate strong |
| Dog food (dry) |  |  | mild moderate strong |
| Dog food (additional) |  |  | mild moderate strong |
| Table scraps/people food |  |  | mild moderate strong |
| Treats  |  |  | mild moderate strong |
| Supplement/Vitamin |  |  | mild moderate strong |

Where does your dog spend the most time when people **are home**:

Loose in house \_\_ (with access to outside \_ ) Confined (e.g. with gates) to part of the house (with access to outside \_\_) Inside in a crate or pen\_\_\_ Loose in the yard Outside in a kennel or pen Other

Where is your dog spend the most time when people **are not home**?

Loose in house \_\_ (with access to outside \_ ) Confined (e.g. with gates) to part of the house (with access to outside \_\_) Inside in a crate or pen\_\_\_ Loose in the yard Outside in a kennel or pen Other

How long is your dog left alone on an average day?

When is your dog left alone (e.g. 8:00am-5:00pm)?

What is your dog's reaction to being left alone (check all that apply):

Calm Depressed Barks Cries/howls Urinates/defecates Escapes Destructive Anxious Excited Aggressive

Describe a typical 24 hour day in your dog's life, starting with when and where the dog wakes up in the morning. Include feeding, exercise and play times. If behavior problems occur at particular times of the day include that information.

**Part IV: EXERCISE**

Leash walks: Does your dog get regular leash walks? Yes No

If NO, why? Doesn’t walk well (pulls) on leash Aggressive on walks

Don't have the time Medical reasons Other

If YES, who takes the dog for leash walks?

How often How long are the walks

Location (e.g. around neighborhood, in town, in park)

What do you use to walk the dog (check all that apply): Flat buckle collar Body Harness

Head collar (Halti, Gentle Leader) Training/choke collar Prong collar

Retractable leash Long leash (6ft + ) Average leash (4-6ft)

Short leash (4ft or less) Other

How is your dog on leash: Excellent (never pulls, pays attention to me) Good (rarely pulls)\_\_\_ Fair (pulls but I'm able to control) Poor (pulls a lot, difficult to control)

Bad (pulls, I don't enjoy the walks)

Off-leash Exercise: Does your dog get off-leash exercise? Yes No

If Yes, who takes the dog for off-leash exercise?

How often For how long

Locations (e.g. trails, dog parks, beaches)

**Training:**

Has your dog had any training? No Trained Ourselves Classes/Met with Trainer­­­\_\_\_

List type of classes, at what ages, and names of trainers:

Puppy classes

Group classes

Private lessons

Board & train

Other

What training techniques or tools have you used (all that apply): Training collar (choke) \_\_\_\_\_\_

Food rewards Verbal Praise Play/toys Prong collar

Remote collar (citronella, shock, vibration) Bark collars (shock, vibration, citronella)

Other

Who in the household trained the dog?

What commands does your dog know?

Did your dog enjoy training?

How well does your dog obey commands **without** distractions:

Very well Well Fairly Well Poorly Does not follow commands

How well does your dog obey commands **with** distractions:

Very well Well Fairly Well Poorly Does not follow commands

**Behavior Screens:**

Does your dog engage in the following behaviors at least weekly?:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No | When owner present(times/week) | When owner gone(times/week) | Don’t know |
| Housesoiling |  | (\_\_\_\_\_\_\_\_\_\_) | (\_\_\_\_\_\_\_\_\_\_) |  |
| Excessive barking/whining |  | (\_\_\_\_\_\_\_\_\_\_) | (\_\_\_\_\_\_\_\_\_\_) |  |
| Destructive chewing |  | (\_\_\_\_\_\_\_\_\_\_) | (\_\_\_\_\_\_\_\_\_\_) |  |
| Digging |  | (\_\_\_\_\_\_\_\_\_\_) | (\_\_\_\_\_\_\_\_\_\_) |  |
| Self licking/chewing |  | (\_\_\_\_\_\_\_\_\_\_) | (\_\_\_\_\_\_\_\_\_\_) |  |
| Pacing/repetitive behavior |  | (\_\_\_\_\_\_\_\_\_\_) | (\_\_\_\_\_\_\_\_\_\_) |  |
| Consuming non-food objects |  | (\_\_\_\_\_\_\_\_\_\_) | (\_\_\_\_\_\_\_\_\_\_) |  |
| Circling/chasing tail/freezing |  | (\_\_\_\_\_\_\_\_\_\_) | (\_\_\_\_\_\_\_\_\_\_) |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| How does dog react to the following? |  Happy | Neutral | Fear/ Anxiety/Submits | Snarl | Bark/Growl | Snap/Bite | Don’tKnow/Don't Do |
| Unfamiliar people at door |  |  |  |  |  |  |  |
| Unfamiliar people in home |  |  |  |  |  |  |  |
| Unfamiliar people, neutral territory, on leash  |  |  |  |  |  |  |  |
| --same, off leash |  |  |  |  |  |  |  |
| --same, approaching/trying to pet |  |  |  |  |  |  |  |
| Children on bicycles, roller blades |  |  |  |  |  |  |  |
| Joggers (adult) |  |  |  |  |  |  |  |
| Cars/trucks going by, on leash |  |  |  |  |  |  |  |
| Babies |  |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |  |
| Unfamiliar dogs, on leash |  |  |  |  |  |  |  |
| Unfamiliar dogs, off leash |  |  |  |  |  |  |  |
| Squirrels/cats/small animals approaching dog |  |  |  |  |  |  |  |
| Person passing when dog in yard |  |  |  |  |  |  |  |
| Dog passing when dog is yard |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| How does your dog react to the following? |  Happy | Neutral | Fear/ Anxiety/Submits | Snarl | Bark/Growl | Snap/Bite | Don’tKnow/Don't Do |
| Veterinary visits |  |  |  |  |  |  |  |
| Owners leaving |  |  |  |  |  |  |  |
| Owners returning |  |  |  |  |  |  |  |
| Car rides |  |  |  |  |  |  |  |
| Stranger approaching car |  |  |  |  |  |  |  |
| Thunder |  |  |  |  |  |  |  |
| Loud noises |  |  |  |  |  |  |  |
| Roughhousing |  |  |  |  |  |  |  |
| How does dog react when a **family member** does the following? | Happy | Neutral | Fear/ Anxiety/Submits | Snarl | Bark/Growl | Snap/Bite | Don’tKnow/ Don't Do |
| Walk by food while dog eats regular dog food |  |  |  |  |  |  |  |
| Take food dish while dog eats |  |  |  |  |  |  |  |
| Walk by food while dog eats delicious food |  |  |  |  |  |  |  |
| Take away non-edible toy |  |  |  |  |  |  |  |
| Take away bone, rawhide |  |  |  |  |  |  |  |
| Take away stolen non-food item (e.g. socks) |  |  |  |  |  |  |  |
| Take away stolen food item (including dirty tissues, paper towels) |  |  |  |  |  |  |  |
|  Reach for dropped food at same time as dog |  |  |  |  |  |  |  |
| Reach over head/pet on top of head |  |  |  |  |  |  |  |
| Pet on other parts of body |  |  |  |  |  |  |  |
| Brush |  |  |  |  |  |  |  |
| Bathe |  |  |  |  |  |  |  |
| Pick dog up |  |  |  |  |  |  |  |
| Put on/take off collar |  |  |  |  |  |  |  |
| Put on/take off leash |  |  |  |  |  |  |  |
| Disturb while sleeping |  |  |  |  |  |  |  |
| Move while on furniture |  |  |  |  |  |  |  |
| Approach the dog when it's sitting with a favorite person |  |  |  |  |  |  |  |
| Hold back when excited (e.g. from running out door) NOT WHEN AGGRESSIVE |  |  |  |  |  |  |  |
| Hold back when aggressive (e.g. barking at another dog) |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| How does dog react to a **family member** doing the following? | Happy | Neutral | Fear/ Anxiety/Submits | Snarl | Bark/Growl | Snap/Bite | Don’tKnow/ Don't Do |
| Verbal reprimand |  |  |  |  |  |  |  |
| Leash correction |  |  |  |  |  |  |  |
| Physical reprimand |  |  |  |  |  |  |  |
| Staring at dog |  |  |  |  |  |  |  |
| How does dog react to a **dog in the household?** | Happy | Neutral | Fear/ Anxiety/Submits | Snarl | Bark/Growl | Snap/Bite | Don'tKnow/Don't Do |
| Around regular food |  |  |  |  |  |  |  |
| Around rawhides  |  |  |  |  |  |  |  |
| Around treats |  |  |  |  |  |  |  |
| Around toys |  |  |  |  |  |  |  |
| Around favorite people  |  |  |  |  |  |  |  |
| While on walks together |  |  |  |  |  |  |  |
| During play |  |  |  |  |  |  |  |

**Has your dog ever bitten a person? No Yes**

If yes, describe the victim(s): age, gender, and actions (e.g. 10 year old boy waving stick). Continue on additional pages if needed

**How bad was the worst bite your dog gave to a person (check all that apply):**

Made contact but didn't leave a mark Small red mark Bruised, didn't break skin Broke skin, minor scrape Broke skin, punctures Multiple punctures

Punctures and tore flesh Multiple bites at one time Required emergency treatment (describe)

Have any bites been reported to Animal Control or other authorities? No Yes

Comments:

Have any victims threatened/taken legal action because of an aggressive incident? N Y

If yes, describe incident:

Will the evaluator need to file a report with one of these agencies?\_\_\_\_\_\_\_\_\_\_\_\_ If yes, please give contact information below:

**PART VII: OTHER CHALLENGES**

Check any unwanted behaviors that your dog exhibits

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Jumping Up |  | Barking |  | House soiling |  | Tail Biting |  |
| Chewing |  | Howling |  | Running away |  | Tail Chasing |  |
| Digging |  | Whining |  | Stool eating |  | Other |  |

Describe unwanted problems in greater detail

How does your pet react to your departure?

How does your pet react to your homecoming?

Have you ever used a crate for confinement? YES NO

Do you still use a crate? YES NO

 Less that… 5 hours 10 hours 15 hourDescribe any situation in which you are, or any family member is, afraid of your dog:

How old was your dog when it exhibited the first signs of aggressiveness?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anyone who the dog is never aggressiveness toward?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your dog more aggressive toward males or females?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your dog ever killed any animals?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any additional comments or information that you think I should know?

**VIII. MEDICAL HISTORY**

Is your pet up to date on routine vaccinations, including rabies? YES NO

**MEDICATION**

Indicate any medication your dog currently receives (Example: Heartgard, Program, Soloxine, Valium)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Medication** | **Dose (mg) or amount** | **How often?** | **Reason Given?** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

**MEDICAL PROBLEMS**

Please list any known medical problems your pet has had (attach an additional sheet if necessary)

|  |  |  |
| --- | --- | --- |
| **Problem** | **Dates if known**  | **Chronic?** |
| 1. |  |  YES NO |
| 2.  |  |  YES NO |
| 3.  |  |  YES NO |

**Thank you for the information!**

Nancy Frensley, CPDT-KA, CAP2,CGC Evaluator

Behavior and Training Manager

Berkeley Humane

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Phone: (510) 845-7735, extension 215

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**Berkeley Humane Training Department**

**Private Training/Consultation/Evaluation**

**Agreement**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/we\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereinafter referred to as the client, have voluntarily employed trainers of the Berkeley East Bay Humane Society to assist in the training or behavior modification of (dogs names)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROFESSIONAL FEES:

 Online behavior consult: $85

 **Custom: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-**

**Description of Services:**

The consultant will work directly with the client and pet to impart contemporary animal behavior knowledge that fits the needs of the client and pet. Behavior is not static; an animal will not continue to perform even trained behaviors without ongoing practice. In cases of any type of aggression, behavior may be modified but the animal is never considered cured. A pet animals behavior is ultimately the owners responsibility. The consultant or trainer will make every reasonable effort to help the client attain goals but makes no guarantees of performance as a result of providing professional animal behavior or training consultation. Client acknowledges that training/behavior modification of an animal may be an activity in which damage or injury to the animal or to persons may occur. Client will assume full financial/moral responsibility for the action(s) of their pet of any species. Client further acknowledges that the pet may be exposed to a variety of environmental conditions which include, but are not limited to: vehicular travel, interaction with people and other animals adverse weather, all types of crowds and traffic.

**Waiver:**

I/We/Client agree that I, my /our heirs, assignees and legal representatives will not make claim against, sue or attach the property of Berkeley East Bay Humane Society, its employees, agents, volunteers or assignees or any person acting on its behalf, for injury or damage done to or by dogs resulting from action or negligence. I/We/Client forever release the Berkeley East Bay Humane Society and its employees, agents, volunteers and assignees from any and all liability and demands for any claim I/We/Client may have. Further, client and consultant agree to mediate and/or arbitrate any misunderstanding that may arise pursuant to the terms and conditions contained herein. This contract for training services supersedes all other agreements, written or oral, previously made between client and consultant.

I agree to the above conditions:

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_