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TRAINING & BEHAVIOR QUESTIONNAIRE

Please return these forms prior to the day of consultation.

Last Name:	_____	Cell Phone:	() _____
First Name(s):	_____	Home Phone:	() _____
Email:	_____	Work Phone:	() _____
Street Address:	_____		
City:	_____	State: _____	Zip: _____
Veterinarian Name:	_____	Phone Number:	() _____
Referred by:	_____		

Cancellation Policy:

We care about keeping pets in their homes and make every effort to assist you and your pet(s) with any training and behavior concerns. It is a problem to have clients “no show” or cancel their scheduled appointments, as this is not fair to clients who are serious about working with their pet but are unable to set up an appointment because our schedule is full. In order to minimize this, we are asking your cooperation in adhering to our cancellation policy.

By making an appointment for an Evaluation or training session, you are agreeing to the terms of this policy. Please contact us at 800-8-BEHAVE if you have any questions.

- Appointments may be rescheduled without an additional fee with at least a 48 hour notice.
- Rescheduling or canceling with less than a 48 hour notice will incur a \$35 administrative fee.
- Training sessions with Daniel Tambourine are payable in advance.
- Once training has started there are no refunds. Credit for unused training may be applied to other service.
- **For In-Home sessions, please allow a one hour window for arrival time.**
- **For Office sessions, please allow a ½ hour window to allow your dog to relax in the new environment.**

I acknowledge receipt of this office policy, and completion of this questionnaire indicates my acceptance of this policy.

Signature: _____ Date: _____

Behavior problems can be difficult and frustrating to correct. The information you provide will be very important for diagnosing and treating your pet’s behavior problems. Please fill out these forms as completely and as accurately as possible. Thank you.

If you can video your dog’s behavior for us to review, it is most helpful. HOWEVER, under NO circumstances do we want you to do so if it may pose any danger to any dog, person, and/or property.

INFORMATION ABOUT YOUR DOG

Dog's Name: _____ **Breed:** _____

If mixed breed, list two predominant breeds in behavior: _____

Current Age: _____ (Years) _____ (Months) **Age When Obtained:** _____ (Years) _____ (Months)

Sex: Female Male

Is Your Dog Spayed or Neutered? No Yes **At What Age Was Your Dog Spayed/Neutered?** _____

Where did you get your dog?

- Newspaper Ad Breeder Pet Store Animal Shelter Animal Rescue Group
 Found as Stray Friend Other: _____

Reason for Choosing this Dog: _____

Have you owned other dogs in the past? No Yes

List the type(s) of food your dog is fed: _____

What time(s) of day is your dog fed? _____

Who feeds your dog? _____

HEALTH HISTORY

Does your dog have any significant current medical conditions? No Yes (If yes, please explain)

If medication is used to control the condition, please provide name and dosage: _____

Does your dog have any significant past medical conditions? No Yes (If yes, please explain)

When was your last veterinary visit? _____

What was the reason for the visit? _____

Do you grant us permission to contact your veterinarian? No Yes

PET LIFESTYLE

How does your dog spend the majority of its time? _____

How often is your dog exercised? _____ **How long is your dog exercised?** _____

What is the percentage of time your dog is loose inside the home when the owner is not home? _____

Where does your dog stay when you are not home? _____

List your dog's favorite toys: _____

List your dog's favorite games: _____

Where does your dog sleep? _____

List all persons who live in your household:

NAME	AGE	SEX
		<input type="checkbox"/> Female <input type="checkbox"/> Male
		<input type="checkbox"/> Female <input type="checkbox"/> Male
		<input type="checkbox"/> Female <input type="checkbox"/> Male
		<input type="checkbox"/> Female <input type="checkbox"/> Male
		<input type="checkbox"/> Female <input type="checkbox"/> Male
		<input type="checkbox"/> Female <input type="checkbox"/> Male

List any other animals in your household:

BREED	AGE	SEX	SPAYED OR NEUTERED
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> No <input type="checkbox"/> Yes

Describe how your dog reacts to guests and strangers: _____

Describe your dog's behavior around other dogs: _____

Rate the strength of your bond with this pet (10=high, 1=low) 10 9 8 7 6 5 4 3 2 1

CANINE TRAINING

Has your dog had previous training? No Yes (If yes, describe) Group Private Other
How many weeks or sessions of training did your dog receive? _____
Which training school or trainer did you see? _____
Briefly describe what was taught: _____

Do you still practice what you were taught? No Yes
Check the commands your dog reliably responds to:
 Come when called Sit on command Lie down on command Stay
Does your dog pull on the leash? No Yes
Is your dog crate trained? (whether or not you use a crate) No Yes If yes, how many hours a day is your dog crated? _____
Do you want to continue with additional obedience training? No Yes (If yes, briefly state your training objectives/goals):

PRIMARY BEHAVIOR CONCERN

Briefly state your primary concern(s) regarding your dog's behavior: _____

Pet's age when this began: _____
Has there been any change in the frequency or severity? No Yes (If yes, please explain)

Have there been any changes in your household or lifestyle? No Yes (If yes, please explain)

Please discuss any other information you feel is relevant to your dog's problem: _____

PEOPLE AGGRESSION

If your dog is aggressive to people, please complete this section.

The behaviors of growling, barking, snapping and biting are only signs of an underlying problem. The treatment for the signs of aggression differs depending upon the type of aggression. The expression of aggression is influenced by numerous factors: genetic predisposition, early experience, maturation, sex, age, size, learning, hormonal status, physiologic state and external stimuli. Most dogs presented for behavior problems of any sort, including aggression, are not abnormal in most cases; they are merely acting like normal members of the canine species. Obtaining a thorough history of the problem behavior is an important part of the solution.

	No	Yes	Unknown
1. Is your dog aggressive to family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Is it aggressive to adult family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is it aggressive to child family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is it aggressive to other pets in the household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your dog aggressive to non-family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Is it aggressive to adult non-family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is it aggressive to child non-family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is it aggressive to pets that are not in the household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your dog's aggressive behavior recent (within the past six months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the problem develop gradually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the problem getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your dog growl or bark threateningly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your dog snap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the aggressive behavior associated with play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has your dog ever bitten a person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has your dog ever bitten another animal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is your dog aggressive when approached while eating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is your dog aggressive when disturbed when sleeping or resting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is your dog aggressive when disciplined, threatened, punished or hit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is your dog aggressive when people enter your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is your dog aggressive when people enter your yard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is your dog aggressive when only reached for or approached?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. If your dog is female, has she been in heat or had puppies in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Are there areas of your dog's body that seem to be especially sensitive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Is the aggression related to attempts to groom, medicate or handle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Does your dog have any health problems at this time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you notice your dog exhibiting fear (ears back, tail tucked)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Does your dog only fight with dogs of the same sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe in detail the three most recent occurrences of the behavior: _____

Please describe when the problem is most likely to occur: _____

If your dog has bitten, how many times? _____

What part of the body was involved? _____

How many times has a bite PUNCTURED skin? _____

How many times was professional medical treatment required? _____

How many times has a tooth TOUCHED skin? _____

Has any evasive action been taken to prevent a potential bite? No Yes (If yes, please describe)

Does your dog show any signs before becoming aggressive? No Yes (If yes, please describe)

Does your dog growl before he bites? No Yes

Severity of aggression in the last month on a scale of 1 – 10 (10=extremely dangerous, 1=no aggression)

10 9 8 7 6 5 4 3 2 1

Describe any techniques that have been tried so far to correct the problem: _____

What was your dog's response? _____

On a scale of 1 – 10, are you considering surrendering or euthanasia? (10=absolutely considering, 1=absolutely NOT considering)

10 9 8 7 6 5 4 3 2 1

Are other family members in agreement? No Yes

DOG AGGRESSION

If your dog is aggressive to other dogs, please complete this section.

Describe in detail the three most recent occurrences of the behavior: _____

Please describe when the problem is most likely to occur: _____

If your dog has bitten, how many times? _____

What part of the body was involved? _____

How many times has a bite PUNCTURED skin? _____

How many times was veterinary treatment required? _____

How many times has a tooth TOUCHED skin? _____

Does your dog show any signs before becoming aggressive? No Yes (If yes, please describe)

Does your dog growl before he bites? No Yes

Has your dog ever killed any animal? No Yes

Severity of aggression in the last month on a scale of 1 – 10 (10=extremely dangerous, 1=no aggression)

10 9 8 7 6 5 4 3 2 1

Describe any techniques that have been tried so far to correct the problem: _____

What was your dog's response? _____

On a scale of 1 – 10, are you considering surrendering or euthanasia? (10=absolutely considering, 1=absolutely NOT considering)

10 9 8 7 6 5 4 3 2 1

Are other family members in agreement? No Yes

Please discuss any other information you feel is relevant to your dog's problem: _____

FEARS/ANXIETY

If your dog has problems related to fears/anxiety, please complete this section.

In what situations does your dog exhibit signs of anxiety such as pacing, whining, salivation, or hyperventilating?

Is your dog frightened of noises? No Yes (If yes, please describe)

Is your dog frightened of strange/unfamiliar people? No Yes (If yes, please describe)

Describe your dog's behavior before you leave your dog home alone: _____

Does your dog bark or whine excessively when left alone? No Yes

Is your dog destructive when left alone in the house? No Yes

Is your dog destructive when you are home? No Yes

Does your dog eliminate in the house only when left alone? No Yes

Will your dog play with toys or eat when left alone? No Yes

Describe your dog's behavior when you return home: _____

What has been done to try to correct the problem? _____

What was your dog's response? _____

Severity of the problem in the last month on a scale of 1 – 10 (10=most severe, 1=no issue)

10 9 8 7 6 5 4 3 2 1

OTHER CONCERNS

Does your dog exhibit any of the following behavior problems? Please check those that apply and describe in detail below.

- Eating disorder
- Coprophagia (stool eating, own or other animal's feces)
- House soiling
- Excessive barking
- Jumping up (on guests or family members)
- Mouthing or nipping people or clothing
- Chases (cars, people, animals or other dogs)
- Steals (objects or food) Does dog attempt to run away when caught? No Yes
- Assertive behavior (hitting with nose or paw)
- Sexual behaviors (mounting objects, people, or other animals)
- Compulsive habits (paw licking, flank sucking, cloth sucking, circling, chasing light, etc.)
- Overly submissive behavior (cowering, submissive urination, avoidance)

Identify and describe those behavior problems exhibited by your dog: _____

Note any other problems not listed above: _____
