



Canine Behavior History

Blue Prints Training and Socialization Center reserves the right to refuse any dog for services

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Owner/Home Information

Date: _____

Owner Name: _____ Second Owner: _____

Address: _____

Primary phone number: _____ Email: _____

Please list all the people who live in the household:

Name	Age	Relationship to you
		yourself

Are there any other dogs in the household? **YES NO**

If yes, please list:

Name	Age	Breed	Spayed/Neutered?

Are there any cats in the household? **YES NO** If yes, how many? _____

What kind of area do you live in? (circle one) **City/Town Suburbs/Neighborhood Rural**

Please describe the type of house you live in: _____

Have there been any major changes in your home since you've had your dog? (i.e. person moving in/out, new/loss of animal) If yes, please describe: _____

Dog Information

Dog's Name: _____

How old is your dog? (*years/months*): _____ Sex of Dog: **MALE FEMALE**

Approximate Weight (lbs): _____

Breed of dog (*if mix, list the dominant breed*): _____

Was the dogs breed chosen specifically? If so, why? _____

Age of your dog when acquired: _____ Where did you acquire your dog: _____

How many owners has your dog had? _____ Have you owned a dog before? **YES NO**

Spayed/neutered? **YES NO** Is your dog crate trained? **YES NO**

What made you decide to get a dog? _____

Diet and Medical Information

Please list any medical problems your dog is currently experiencing: _____

Please list any medications your dog is currently prescribed (including dosage): _____

Does your dog have any dietary restrictions? If yes, please describe: _____

What do you feed your dog(*brand of food*)? _____

How much and what times during the day? _____

Any noticeable changes in appetite recently? _____

Who feeds the dog? _____

Where is your dog fed and what do they eat out of? _____

Your dog's average day

On average, how many hours is your dog left alone a day?: _____

Where does your dog stay during these hours?: _____

When your dog is outside, are they : **TIED OUT FENCED IN OFF LEASH WALKED ON LEASH**

Where is your dog when guests come over? _____

How many times a week is your dog walked and for how long each time? _____

What are your dogs favorite toys/activities?: _____

How often do you play with your dog? _____

Where does your dog sleep at night? _____

Have you noticed any changes in their sleeping habits? _____

Generally, what is your dog's activity level? **LOW AVERAGE HIGH EXCESSIVE**

Training History and Information

Was your dog professionally trained? **YES NO**

If yes, where and when? _____

How old was your dog when this training occurred? _____

Did you train your dog yourself? **YES NO**

Do you feel the training you completed was successful?: _____

Is your dog house trained? **YES NO**

Does your dog know any tricks? If yes, please describe: _____

Who in the family is the primary trainer? _____

Does your dog listen well to the rest of the family? Please be specific: _____

Does your dog jump on you or others without permission? **YES NO**

Does your dog ever bark at you? **YES NO**

If yes when does that happen? _____

Does your dog bark at other times/things? **YES NO**

If yes, please describe: _____

The main concern/issue you are having with your dog:

How long has this problem been occurring?: _____

How often does this problem occur?: _____

Was there a main episode that concerns you the most? If yes, please explain: _____

When did this first become a problem? (Age of dog): _____

Has this problem escalated in frequency and/or intensity since the start? _____

Any other concerns or significant incidents? _____

What have you done to correct these problems so far? _____

How do you discipline your dog when they have misbehaved? _____

What is your goal for training? Where would you like your dog to be at by the end? _____

Aggression Information (please fill out completely)

Has your dog ever bitten a person?: **YES NO** If so was it reported?: **YES NO**

Was your dog quarantined: **YES NO** Did your dog break the skin? **YES NO**

How many times has this happened? _____

How severe were the injuries to the person? _____

Has your dog ever bitten another animal?: **YES NO** If so was it reported?: **YES NO**

If yes, what kind of animal?: _____ How many times has this happened? _____

How severe were the injuries to the animal? _____

Did your dog bite as a puppy? **YES NO UNSURE**

Please indicate your dogs' reactions in the following situations:

	No reaction	Lift lip/ Snarl	Growl	Bark	Snap/ Bite	Not attempted
Take away food bowl while dog is eating						
Take away human food whether given or stolen						
Take away bone while chewing						
Take away toy while playing						
Take away item dog has stolen and ran away with						
Lift the dog						
Kiss the dog						
Hug the dog						
Reach over the dog						
Stare at the dog						

	No reaction	Lift lip/ Snarl	Growl	Bark	Snap/ Bite	Not attempted
Approach dog on bed or sofa						
Push dog off bed or sofa						
Disturb dog while resting						
Put leash or collar on dog						
Take leash or collar off dog						
Leash/collar correction						
Trim nails						
Medicate eyes/ears						
Accidentally cause pain (i.e. step on tail)						
Physically punish (i.e. scruff, shake, slap, etc.)						
Verbally punish/Yell						
Visually punish or threat (i.e. wagging your finger)						
Push dog on dog into another position (i.e. sit)						
Dog is sitting with someone and another person approaches						
Stranger passes by your home						
Stranger approaches your home						
Adult stranger enters home						
Child stranger enters home						
Adult your dog is familiar with enters home						
Child your dog is familiar with enters home						
Dog is on leash on sees a stranger						
Dog is on leash and is approached by adult						
Dog is on leash and is approached by a child						
Dog is on leash and passes by another dog						
Dog is on leash and is approached by another dog						

How do you feel about your situation as it is now? Please check one:

- Not serious, I am only curious about a few small things
- Not too serious, but I would like to change the problem
- The problem is serious but is livable if it remains unchanged
- The problem is very serious, and I would like to change it but will keep the dog if nothing changes
- The problem is very serious and if it remains unchanged, I will have to give up/rehome the dog

What form of training do you prefer (final decision is at the discretion of the trainer):

- Private Training In-Home (60-90 min per session)
- Private Training In Blue Prints Facility (60-90 min per session)
- Training package (drop off dog for 4 hours, 2-3x a week)
- Other: _____
- Unsure