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Canine History Form

Part 1: Background Information

1. Owner Information

Owner name(s) _____

Address _____

Phone numbers: Home _____ Work _____ Mobile _____

E-mail address(es) _____

2. Dog's Information

Name _____ Breed _____ Date of birth _____

Sex: M/F Neutered: Y/N Age when neutered _____

How old was your dog when you obtained him/her? _____

How long have you had your dog? _____

Where did you get your dog?

- Stray/found Breeder SPCA/humane shelter Rescue service Private adoption
 Pet store Friend Other (please explain) _____

If your dog had a previous owner, please describe the household and the reason(s) for relinquishment _____

3. Medical Information

Veterinarian & Clinic _____ Phone number _____

Does your dog have any medical problems (seizures, painful conditions, etc.) Y/N

If so, please list them _____

Please list all medications, including dose, your dog is currently taking _____

Does your dog have any food restrictions? _____

4. Household Information

Please list the people, including yourself, currently living in your household:

| Name | Sex | Age | Relationship (self, husband, wife, mother in law, etc.) | Occupation |
|------|-----|-----|---|------------|
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Please list all animals in the household

| Order pets were obtained | Name | Species/Breed | Sex | Age obtained | Age now |
|--------------------------|------|---------------|-----|--------------|---------|
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Describe the relationship between your pets if you feel they are pertinent to the problem _____

Has your household changed since acquiring this dog (new house, marriage, children, etc.)? Y/N

If so, how? _____

5. Management

Where does your dog sleep? _____

Where do you keep your dog when you leave the house? _____

Have you ever used a crate to confine your dog? Y/N

Do you still use the crate? Y/N If so, when? _____

How does your dog react to being crated? _____

If you no longer use a crate, why did you stop? _____

What type(s) of crate have you used? Wire Plastic Canvas Other _____

Is your dog fed on a schedule or free-fed? _____

What kind of treats do you give your dog and when do you give them? _____

How much and what kind of exercise does your dog get over the course of an average week? _____

Describe a typical 24-hour day in the life of your dog

6. Training

Describe formal training your dog has had _____

Was it: Group lessons Private lessons (in-home) Private lessons (at facility)
 Sent away to trainer

Describe the training techniques used (treats, praise, clicker, choke corrections, shock, etc.) _____

Describe tools you've used for training (Head halter, body harness, choke collar, prong collar, etc.) _____

How successful was the training

Canine History Form

Part 2: Description of Behavioral Problems

Please list your dog's behavioral problems:

1. _____
2. _____
3. _____

What is the precipitating reason for your visit? _____

Number of total bites to people?

0 1 2 3 4 5 >5

Number of bites to people that broke skin?

0 1 2 3 4 5 >5

Number of bites to people that required medical attention (stitches, antibiotics, etc.)?

0 1 2 3 4 5 >5

Have any of the bites been reported? Y/N

Please answer the questions below for each listed problem. Feel free to attach other pages with additional information you may wish to include.

Problem 1 _____

Frequency: Daily Weekly Monthly

How reliably does the problem behavior occur when your dog is in a situation where it could occur?

Less than 25% 25 to 50% 51 to 75% 76 to 100%

Describe the first incident (include date) _____

Has the frequency or intensity of the problem changed since the problem started? Y/N

If so, how and when _____

Describe the last 3 incidents (include dates) _____

Have you noticed any triggers for this behavior? _____

What have you done to try to solve this problem? _____

What has been most successful? _____

What has been least successful? _____

Has anything you've done made the problem worse? _____

How severe do you consider this problem? _____

Is the problem severe enough for you to consider removing your dog from your home? _____

Problem 2 _____

Frequency: Daily Weekly Monthly

How reliably does the problem behavior occur when your dog is in a situation where it could occur?

- Less than 25% 25 to 50% 51 to 75% 76 to 100%

Describe the first incident (include date) _____

Has the frequency or intensity of the problem changed since the problem started? Y/N

If so, how and when _____

Describe the last 3 incidents (include dates) _____

Have you noticed any triggers for this behavior? _____

What have you done to try to solve this problem? _____

What has been most successful? _____

What has been least successful? _____

Has anything you've done made the problem worse? _____

How severe do you consider this problem? _____

Is the problem severe enough for you to consider removing your dog from your home? _____

Problem 3 _____

Frequency: Daily Weekly Monthly

How reliably does the problem behavior occur when your dog is in a situation where it could occur?

- Less than 25% 25 to 50% 51 to 75% 76 to 100%

Describe the first incident (include date) _____

Has the frequency or intensity of the problem changed since the problem started? Y/N

If so, how and when _____

Describe the last 3 incidents (include dates) _____

Have you noticed any triggers for this behavior? _____

What have you done to try to solve this problem? _____

What has been most successful? _____

What has been least successful? _____

Has anything you've done made the problem worse? _____

How severe do you consider this problem? _____

Is the problem severe enough for you to consider removing your dog from your home? _____