

History Form for Dee Ganley Dog Training Services

Today's Date ____/____/____

Dee Ganley CCBC-KA, CPDT-KA
PO Box 19
82 Tucker Mountain Road
East Andover NH 03231
603-735-5543

Please complete this form before consult. All answers are confidential.

Owner's Name _____

Dog's Name _____

Address _____

Breed/Mix _____

D.O.B or Age _____

City _____ State _____ Zip _____

Weight _____ Color / Unique Markings _____

Home Phone _____ Work Phone _____

Male Intact Neutered Spayed

Cell Phone _____ Occupation _____

Female _____
If altered, at what age?

Email _____

If dog was altered due to a behavioral problem, explain _____

Emergency Contact – Phone _____

List any short or long term change after alteration _____

Staff Comments _____

Type of ID Microchip Rabies-License Tag Name Tag Tattoo Other _____

How did you hear about Me?

Veterinarian Friend Training Club Internet Breeder Shelter

Rescue Club Other _____

Name of referring individual, organization _____

Where did you obtain your dog? Breeder Individual Shelter Rescue Club Pet Store

Did you purchase or adopt? _____ Friend/Relative Found Other _____

Breeder Name _____ City _____

At what age did you acquire your dog? _____ How long have you had your dog? _____

Were there other owners? Yes No If yes, why was dog given up? _____

Has your dog ever threatened (growl, snarl, snap, etc.) anyone? Yes No Any animal? Yes No

If yes, explain _____

Has your dog ever bitten (broken the skin) anyone? Yes No Any animal? Yes No

If yes, how many and explain _____

Has your dog ever inflicted multiple bites on a person, other animal? Yes No

If yes, how many different incidents? _____

Has legal action resulted from any aggressive incidents? Yes No

If yes, explain _____

Has medical attention been necessary (for humans, animals) because of any aggressive incident? Yes No

If yes, explain _____

Why did you get your dog? Please check all that apply.

- For companionship To teach children For guarding For hunting For breeding
- For competition Conformation Obedience Agility Herding
- For Protection For Assistance Received as Gift Watch dog Service dog
- Therapy dog Replace dog Companion for another dog
- Other _____

Have you owned other dogs in the past? Yes No If yes, breed

Veterinary Health Information

Veterinarians Name _____ City _____

Dr. _____ Month/Year of Last Visit ____ / ____ Reason _____

May we contact and discuss health and behavioral issues with your veterinarian?

Yes (Initial here) _____

No

With the Breeder?

Yes

No

Current Health Problems / Medications _____

Past Medical Conditions / Treatment _____

Current vaccinations: Rabies Kennel Cough DHLPP Month Vaccinations Due _____

Is your dog currently on heart worm preventative? Yes No Brand/Frequency _____

Is your dog on flea and/or tick preventative? Yes No Brand _____

Living Environment **Please check all that apply.**

- Apartment/ Condominium/Townhouse High rise apt. bldg. House No fence
 Fenced small patio area Doggie door Invisible fence Indoor Kennel
 Fenced yard/acreage Outdoor Kennel/Run Other _____

How many hours per day is your pet without human companionship? _____ hours

Where does your dog spend most of time when no one is home? Inside Outside Loose Confined

Do you use a tie-out, chain, or rope to restrict your dog to a particular area outside? Yes No

Where does your dog usually sleep at night? Outside Inside

- In or on your bed Bedroom on doggie bed Bedroom on floor next to your bed
 Bedroom in crate Another room in crate Locked off or gated room/area
 In another room, voluntarily In another room, due to closed bedroom door

Other _____

Percentage of time pet is: Indoors _____% Outdoors _____%

How often do you visit, play games, walk, or train your dog daily? 1 2 3 4 5 6 up

Total time spent visiting, playing, training, walking daily _____ Hours/Min

Do you supply toys for your dog? Yes No Dog's favorite toy/game _____

How many daily periods of 1 hour or more is your dog crated/confined/or otherwise restricted from you while you are home?

Each day during meals 1 hour 2 hours 3 hours 4 hours 5 hours 6 or more

What is the primary reason your dog is confined while you are home?

Not housebroken Chews on everything Jumps on people/furniture Steals objects/food Begg

Other _____

Has the household changed since acquiring this pet? Yes No

If yes, please check all that apply.

List people, including yourself who live in your household.

Partner added

Child added

Adult added

Pet added

Partner gone

Child gone

Adult gone

Pet gone

Schedule change

Relocated

Name

Sex

Age

Relationship

Name	Sex	Age	Relationship

When did the change occur?

Notes _____

Who is the primary care giver for your dog? _____

Do any of the members listed above dislike your dog? Yes No

If yes, which ones? _____

List any members frightened by your dog _____

Diet and Elimination

What brand of food do you feed? _____ Where purchased? _____

List any features of diet that contributed to your selection for that particular brand. _____

How often is your dog fed meals daily?
1 2 3 4 free feed

Is your dog reliably housetrained?
Yes Few accidents No

How often is your dog fed treats daily?
1 2 3 4 5 or more

Crate Trained? Yes No

How often is your dog fed food from the table?
1 2 3 4 5 or more

Paper/Pad Trained? Yes No

When do you feed your dog? Check all that apply.
AM Lunch Evening Night

Litter Box Trained? Yes No

How many times daily do you let your dog out to eliminate when you are home?
Dog Door 3 5 7 9 11 or more

How often daily does your dog have bowel movements? 1 2 3 4 or more Don't know

The most recent stools have usually been: Hard Soft Almost liquid Don't know

Do you go out with your dog? Always Usually Half the time Seldom Never

Training Experience Please check all that apply

My dog will reliably perform these exercises on command:

- Come Sit Speak Lie Down Stay Heel Walk on loose lead
Shake Roll over Fetch Give Wait Leave It Go to your place
Off Stand Quiet Others _____

Training History

- No school-trained yourself Puppy kindergarten
Group lessons- basic obedience Group lessons-advanced (off lead) obedience Private lessons at home
Private lessons away from home Sent to trainer Group lessons-agility, obedience, etc.
Private lessons- agility, obedience, etc. Did you complete the course? Yes No

List organization name and/or trainer's name. _____

Do you have an invisible Fence system or use a hand held Electronic device YES NO Sometimes

Check the Behavior Problems you are experiencing

- Aggressive (describe below) Fearful (describe below) Eats nonfood items (rocks, socks)
 Anxious when alone Begging Chews furniture/property
 Defecates in house Destructive when alone Digs in yard

- | | | |
|---|--|---|
| <input type="checkbox"/> Escapes from yard | <input type="checkbox"/> Food guarding | <input type="checkbox"/> Growling/family members |
| <input type="checkbox"/> Growling/other pets | <input type="checkbox"/> Growling/strangers | <input type="checkbox"/> Jumps on furniture |
| <input type="checkbox"/> Jumps on people | <input type="checkbox"/> Mouthing | <input type="checkbox"/> Play bites |
| <input type="checkbox"/> Pulls on leash | <input type="checkbox"/> Self chewing/licking | <input type="checkbox"/> Steals food or objects |
| <input type="checkbox"/> Stool consumption | <input type="checkbox"/> Tail chasing/biting | <input type="checkbox"/> Understands me but will not obey |
| <input type="checkbox"/> Urinates in house | <input type="checkbox"/> Urinates when excited | <input type="checkbox"/> Urinates when greeted |
| <input type="checkbox"/> Will not come when called | <input type="checkbox"/> Excessive vocalization when alone | |
| <input type="checkbox"/> Excessive vocalization with owners | <input type="checkbox"/> Rushes through doors/gates | |

Describe aggressive or fearful behavior

Why have you kept your pet despite the problems? _____

Have you considered finding the pet a new home? Yes No

Have you considered taking pet to shelter? Yes No

Have you considered euthanasia (putting your pet to sleep)? Yes No

Have any other trainers tried to correct problem? Yes No If yes, who? _____

List any procedures/training equipment used to correct problem _____

Reserved for Acton Plan:
