



**NORTON ROAD VETERINARY HOSPITAL**

**CANINE  
HISTORY FORM**  
12/13/01

Clinician: \_\_\_\_\_ Date: \_\_\_\_\_

Household: #adults (>18 yrs): \_\_\_\_\_ #children: \_\_\_\_\_ ages: \_\_\_\_\_

#dogs (including patient): \_\_\_\_\_

Who is the primary caretaker of the dog:

- Husband  Child  N/A
- Wife  Other

	NAME	BREED	SEX	AGE (yrs)	RANK
PATIENT	_____	_____	_____	_____	_____
DOG 2	_____	_____	_____	_____	_____
DOG 3	_____	_____	_____	_____	_____
DOG 4	_____	_____	_____	_____	_____

**Patient Information:**

Weight (kg): \_\_\_\_\_ Body condition: Thin 1 2 3 4 5 Obese

Age neutered: \_\_\_\_\_ yrs \_\_\_\_\_ mths  Unknown

Current medical problem: \_\_\_\_\_

Current medication: \_\_\_\_\_ Dose rate (mg/kg q.): \_\_\_\_\_

\_\_\_\_\_ Dose rate (mg/kg q.): \_\_\_\_\_

Origin:

- Own breeding  Pet shop  Other
- Breeder  Humane society  Don't know
- Private home  Stray

Age obtained: \_\_\_\_\_ (yrs) \_\_\_\_\_ (mths)  Unknown

If obtained as a puppy, how was the puppy raised:

- In house
- In kennel/garage
- Loose outside
- Puppy mill
- Other
- Don't know
- N/A

If obtained as a puppy, how did you select that particular puppy from a litter:

- Breeder selected
- No choice
- Most outgoing
- Most timid
- Biggest/dominant
- Smallest/submissive
- Looks
- Other \_\_\_\_\_
- N/A

If previously owned, for what primary purpose was the dog kept:

- Adult's pet
- Family pet
- Children's pet
- Show dog
- Breeding
- Watch/guard dog
- Farm/outside dog
- Obedience
- Service/working dog
- Hunting dog
- Research/teaching
- Other \_\_\_\_\_
- Don't know
- N/A

Primary purpose for which dog was obtained:

- Adult's pet
- Family pet
- Children's pet
- Show dog
- Breeding
- Watch/guard dog
- Farm/outside dog
- Obedience
- Service/working dog
- Hunting dog
- Other \_\_\_\_\_

Average #hrs dog is left alone per week-day: \_\_\_\_\_

Schedule on weekdays

- Is consistent
- Varies

Where is the dog when left alone:

- Cage
- Confined in a room
- Loose in living area
- Basement
- Garage
- Outside kennel
- Outside tied
- Loose in yard
- Other \_\_\_\_\_
- N/A

Where is the dog at night:

- Cage
- Confined in a room
- Loose in living area
- Basement
- Garage
- Bedroom
- On person's bed
- Outside
- Other \_\_\_\_\_

Exercise (walks):

- |   |            |   |           |   |         |
|---|------------|---|-----------|---|---------|
| 0 | <1/week    | 2 | once/day  | 4 | 3x/day  |
| 1 | several/wk | 3 | twice/day | 5 | >3x/day |

Exercise schedule

- is consistent
- varies during week

Average hours of walking exercise per weekday: \_\_\_\_\_



Feeding schedule:

1 1/day                      2 2x/day                      3 >2x/day                      4 ad lib

Feeding schedule

is consistent                       varies

Food treats Type: \_\_\_\_\_ Contingent on behavior:  yes  no

How would you generally describe your dog's personality:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Friendly to owner     | <input type="checkbox"/> Aggressive to strangers | <input type="checkbox"/> Hyperexcitable        |
| <input type="checkbox"/> Aloof                 | <input type="checkbox"/> Shy of strangers        | <input type="checkbox"/> Supersubmissive       |
| <input type="checkbox"/> Aggressive to owner   | <input type="checkbox"/> Happy, outgoing         | <input type="checkbox"/> Fearful (environment) |
| <input type="checkbox"/> Friendly to strangers | <input type="checkbox"/> Inhibited               | <input type="checkbox"/> Fear of noises        |
| <input type="checkbox"/> Aloof to strangers    | <input type="checkbox"/> Anxious                 | <input type="checkbox"/> Don't know            |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was the personality of the dog as a puppy:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Friendly to owner     | <input type="checkbox"/> Aggressive to strangers | <input type="checkbox"/> Hyperexcitable        |
| <input type="checkbox"/> Aloof                 | <input type="checkbox"/> Shy of strangers        | <input type="checkbox"/> Supersubmissive       |
| <input type="checkbox"/> Aggressive to owner   | <input type="checkbox"/> Happy, outgoing         | <input type="checkbox"/> Fearful (environment) |
| <input type="checkbox"/> Friendly to strangers | <input type="checkbox"/> Inhibited               | <input type="checkbox"/> Fear of noises        |
| <input type="checkbox"/> Aloof to strangers    | <input type="checkbox"/> Anxious                 | <input type="checkbox"/> Don't know            |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your dog regularly (at least weekly) engage in the following:

	No	When owner present (times/week)	Only in owner's absence (times/week)	D/know
Excessive barking, whining	<input type="checkbox"/>	<input type="checkbox"/> (_____)	<input type="checkbox"/> (_____)	<input type="checkbox"/>
House soiling	<input type="checkbox"/>	<input type="checkbox"/> (_____)	<input type="checkbox"/> (_____)	<input type="checkbox"/>
Destructive chewing	<input type="checkbox"/>	<input type="checkbox"/> (_____)	<input type="checkbox"/> (_____)	<input type="checkbox"/>
Self licking/chewing	<input type="checkbox"/>	<input type="checkbox"/> (_____)	<input type="checkbox"/> (_____)	<input type="checkbox"/>
Digging	<input type="checkbox"/>	<input type="checkbox"/> (_____)	<input type="checkbox"/> (_____)	<input type="checkbox"/>
Pacing, repetitive behavior	<input type="checkbox"/>	<input type="checkbox"/> (_____)	<input type="checkbox"/> (_____)	<input type="checkbox"/>

## GENERAL BEHAVIORAL PROFILE

How does your dog react to the following:	happy	submiss	neutral	fearful	def.agg	off.agg	hyper	anxious	d/know
▪ Unfamiliar people at door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Unfamiliar people in home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ same, on neutral territory, on leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Same, off leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Same approaching/try to pet, on leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Children or bicycles, roller blades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Joggers (adults)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Cars, trucks going by, on leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Babies (unfamiliar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Children, 1-6 yrs old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Children, 7-11 yrs old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Children, 12-18 yrs old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Unfamiliar dogs on property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Unfam dogs neutral territory, on leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Same, off leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Owners leaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Owners returning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Nail trimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Wiping feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Owner reaching over/petting on head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Owner petting dog elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Owner lifting dog up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Grasping collar, restraining dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Roughhousing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Walk by food while dog eats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Grab food dish while dog eats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Taking away bone/toy/stolen object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Approach dog on his bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Disturbing sleeping dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Stepping over lying dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Verbal reprimand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Physical punishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Putting on/taking off collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Staring at dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Car rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Stranger approaching car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Vacuum cleaner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Broom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Thunder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Loud noises (other than thunder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Earliest incident(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age problem started: \_\_\_\_\_ mths \_\_\_\_\_ yrs  
Any changes at that time?

Don't know  
 Don't know

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Progression:

same                       increasing                       decreasing

Frequency:

>10 times/day               1-10 times/day               1-6 times/wk  
 <1 times/wk

Previous treatment:

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

Drugs:

1 Drug name \_\_\_\_\_ Dose rate \_\_\_\_\_

Effect: \_\_\_\_\_ Side effects: \_\_\_\_\_

2 Drug name \_\_\_\_\_ Dose rate \_\_\_\_\_

Effect: \_\_\_\_\_ Side effects: \_\_\_\_\_