

NITRO K-9

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Nitro K-9 Behavior Assessment

Please answer the following questions and send this form (mail/fax/email) back to us. We shall then call to arrange an appointment. Specific questions about the problem behavior(s) will be asked during your visit/telephone call.

Today's Date: _____

Owner's Name: _____ Dog's Name: _____

Street Address: _____ App #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____ Primary Phone? Home Cell Work

Current Age of Dog: _____ Breed: _____ Sex: Male Female

Color: _____ Where did you get your dog? _____

Age of dog when acquired: _____ Do you use a crate? Yes No

Veterinarian/Hospital: _____

Neutered/Spayed: Yes No If No, do you eventually plan to? Yes No

What is the main behavior problem or complaint?

Additional problems (please list):

How frequently does the problem (or problems) occur (how many times daily, weekly or monthly)?

Chronology of the Behavior Problem

When did you first notice the main problem (age of dog)?

When did it first become a serious concern?

In what general circumstances does the dog misbehave?

Has this problem changed in frequency? (Please describe)

Has this problem changed in intensity? (Please describe)

Has this problem otherwise changed?

Describe several examples in detail:

1. Most recent incident: (Date: _____)

2. Second to last incident: (Date: _____)

3. Third to last incident: (Date: _____)

Other significant incidents:

What have you done so far to try to correct the problem?

How do you discipline your dog for this and for other misbehavior?

Home Environment

Please list the people, including yourself, living in your household. Please include ages of children:

| Name/Age | Hours Away From Home |
|----------|----------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

Please list all animals in the household including the patient:

| Name | Species | Breed | Sex | Age Obtained | Age Now |
|------|---------|-------|-----|--------------|---------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

In what sequence were the above animals obtained?

What is your dog's relationship to the other animals (e.g. friendly, hostile, fearful)? (Please describe)

What type of area do you live in? City/Town Suburbs Rural

What type of house do you live in? Please describe.

Have you moved since acquiring your dog? No Yes How many times? _____

Has your household (people or animals) changed since acquiring your dog? No Yes

If Yes, Please describe:

Dog's Background

Why did you decide to get a dog?

Why did you choose this breed?

Where did you get this dog: SPCA Breeder (Newspaper) Breeder (Referral) Pet store
 Friend Stray Other: _____

Have you owned dogs before? Yes No

If known, how many littermates? Males _____ Females _____

How many animals were there to choose from? _____

Why did you choose this dog over the others? (Please be specific)

Was a temperament test performed? Yes No Unsure
Result:

Describe your dog's behavior as a puppy:

Do you have any news about littermate behavior? (Please describe)

Did you meet the parents? Yes No **If Yes, please describe their behavior:**

Has this dog had other owners? Yes No **If Yes, how many?** _____

Why was the dog given up? _____

At what age was your dog neutered/spayed? _____

If known, why did the dog get neutered/spayed at this age?

Were there any behavior changes after neutering?

If your pet is "intact", has he/she ever been bred? Yes No

If your pet is "intact", are you planning to breed? Yes No Unsure

If you have an "intact" female, when was her last heat? Was it normal?

Diet and Feeding

What do you feed your dog? (Please be specific, e.g. brand name)

Has your dog's appetite (increased, decreased, no change)? _____

How many meals do you feed your dog and at what times?

Who feeds the dog? _____ Location _____

What is your dog's favorite treat?

Daily Schedule - Typical 24 hr day

Please describe a typical 24-hour day in your dog's life:

How does the dog behave with familiar visitors?

How does the dog behave with unfamiliar visitors (children or adults)?

How do you exercise your dog?

Is the dog free in a fenced yard? Yes No

Is the dog tied outside? Yes No

Does the dog run free? Yes No

How do you play with your dog?

What toys does the dog have?

Is your dog housetrained? Yes No **How was the dog housetrained?**

Does your dog ever eliminate in the house? Yes No Urinate Defecate

Where does your dog sleep at night (please be specific):

Does your dog sleep (more, less, same)? _____

Where is your dog when alone in the house?

Where is your dog when you have guests?

How does your dog behave while you are leaving the house?

How does your dog behave when you return?

Obedience Training

What basic obedience training has your dog had?

- None Trained at home Started obedience classes but didn't finish
- Graduated obedience class once Graduated obedience class two or more levels
- Private trainer Other _____

How old was the dog when obedience training started?

Who in the family is the primary trainer?

Does your dog have any awards or titles? (Please describe)

Has your dog had any hunting, herding, protection, attack or Schutzhund training, if so where when, with who?

What percent of the time does your dog obey the following commands, for each member of the family:

| Family Member | Sit | Down | Stay | Come | Heel (Don't Pull) |
|---------------|-----|------|------|------|-------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

Does your dog know any tricks? (Please describe)

Have you exhibited your dog in breed shows? Yes No No, but I plan to

Does your dog jump up on you or others without permission? Yes No

Does your dog paw at you or at others? Yes No

Does your dog lick you? Yes No

Does your dog mount people? Yes No

If yes, whom does he or she mount?

Does your dog mount other animals or objects? Yes No **If Yes, please describe:**

Does your dog ever bark at you? Yes No **If Yes, when? (Please describe)**

Does your dog bark at other times? (Please describe)

What is your dog's activity level in general: Low Average High Excessive

Medical History

Is your dog on any medication now, for this or other problems?

Has your dog been on medication in the past?

Date of most recent rabies vaccination: _____ 1 year 3 year

Where are you on a scale of 1 to 5 as follows: *Please check all answers that apply*

- I am here only out of curiosity - problem is not serious.
- I would like to change the problem, but it is not serious.
- The problem is serious and I would like to change it, but if it remains unchanged that's all right.
- The problem is very serious and I would like to change it, but if it remains unchanged I will keep my dog.
- The problem is very serious and I would like to change it; if it remains unchanged I will have my dog euthanized or give him/her up.

| | GR | SL | SB | NR | NA |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 32. scruff restraint | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. put leash on/take off | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. put collar on/take off | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. bathe dog | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. towel dog | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. groom/brush dog | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. dog at groomer's | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. trim nails | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. leash/collar correction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. response to "sit" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. response to "down" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. dog at veterinary clinic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. unfamiliar adult enters house or yard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. unfamiliar child enters house or yard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. familiar adult enters house or yard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. familiar child enters house or yard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. response to toddlers/babies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. dog in car at tollbooths, gas stations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. unfam. adult approaches owner, dog on leash | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. unfam. child approaches owner, dog on leash | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. dog in house, sees people outside | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. response to other dogs, while on leash | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. response to other dogs, while not on leash | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FOR AGGRESSION (TOWARDS PEOPLE)

Please answer yes or no to these characteristics of your dog's aggressive behavior:

- _____ attacks are sudden and surprising
- _____ episodes appear unprovoked
- _____ the dog is abruptly docile after an episode
- _____ the dog appears "sorry" afterwards
- _____ the dog appears disoriented afterwards
- _____ episodes are associated with a "glazed" or "absent" expression
- _____ I can usually tell what will set off my dog
- _____ the aggressive behavior is new and uncharacteristic

Has your dog bitten and broken skin? Yes No

Number of bites that broke skin: _____

Total number of bites (that did or did not break skin): _____

Total number of episodes of aggression (growling, snapping, biting): _____

Describe typical episode (e.g. does dog growl, lunge or bite, and in what circumstance?):

If the dog is in the above situation 10 times, in how many of those times is aggression seen (eg. all=100%, just one=10%, etc.)?

What parts of the body has the dog bitten and how severe were the injuries?

Who is/are the target(s) of aggression?

Did your dog bite as a puppy? Yes No

If yes, please describe, including age:

How old was your dog the first time he/she growled at a person?

What was the circumstance?

How old was your dog the first time he/she snapped or bit at a person?

What was the circumstance?

Official Use Only

Nitro K-9 Representative (print name): _____

Nitro K-9 Representative signature: _____ Date: ___/___/___