



BEHAVIOR INFORMATION FORM

(please complete and submit a separate form for each dog attending)

Dog Name _____ Owner(s) Name _____

What is your primary reason/interest for bringing your dog to Uptown Dog? _____

How would you describe your dog's temperament? _____

How long have you had your dog? _____ How old was your dog when you got him/her? _____

Where did you get your dog? _____

What other pets are in your home? _____

How does your dog get along with them? _____

Where does your dog sleep? _____

When you leave your dog unattended, is he/she in a crate or left out in the house? Crate Out in House

Other, please explain: _____

What type of exercise does your dog get? _____

What is the frequency and duration of the exercise? _____

What type of collar and leash do you use on walks? _____

Has your dog received any training? No Yes If Yes, please describe: _____

How do you or other family members discipline your dog? _____

Is your dog friendly toward people (familiar people, strangers, adults, children, etc.)? No Yes

If No, please provide additional information: _____

Has your dog ever bitten a person? No Yes

If Yes, please describe what happened: _____

Is your dog friendly toward other dogs (familiar dogs, strange dogs, large dogs, small dogs, male dogs, female dogs, different breeds, etc.)? No Yes

If No, please provide additional information: _____

Has your dog ever bitten another dog? No Yes

If so, please describe what happened _____

Does your dog protect or guard his/her food from people? In other words, does your dog growl, snap, or bite when people interrupt your dog while eating or when people try to take away its food? No Yes

Does your dog protect or guard his/her food from other dogs? No Yes



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Does your dog protect or guard toys or other items from people? In other words, does your dog growl, snap or bite when people try take away toys or other items from your dog? No Yes

Does your dog protect or guard toys or other items from other dogs? No Yes

Is your dog sensitive/uncomfortable with handling (touching of ears, paws, other body areas)? No Yes

If Yes, please describe: _____

Does your dog become excited by or chase after other animals like cats, squirrels, etc.? No Yes

If Yes, please describe: _____

Would you describe your dog as: low energy medium energy high energy very high energy

Does your dog like toys more than treats? toys treats no preference

If toys, please specify what kind of toys your dog likes most:

tennis balls stuffed toys stuffed toys with squeakers chew toys/bones Other

If Other, please describe: _____

Is your dog able to climb fences or jump over them? No Yes If Yes, how high is the fence? _____

Does your dog ever act aggressively? No Yes

Does your dog frighten or startle easily? No Yes

Does your dog ever act fearful? No Yes

If Yes, what types of stimuli trigger the fear (motion, sounds, touch, etc)? _____

Does your dog walk nicely on a leash – i.e. no pulling or barking? No Yes

Are there special considerations or concerns related to exercise that we need to be aware of? No Yes

If Yes, please describe: _____

How often does your dog have the opportunity to play and socialize with new dogs? _____

Please describe how your dog responds to meeting and playing with new dogs: _____

Please describe any behavioral concerns, personality “quirks” or issues that were not covered in previous questions: _____

Is there anything else you feel we should know? _____