

ANIMAL EMERGENCY & REFERRAL ASSOCIATES

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Date: _____

Client's name: _____

Pet's name: _____ Pet's age: _____

Pet's breed _____

Pet's sex: M F (circle one) Neutered/spayed? _____

Phone number (home): _____ (work) _____

How can the behavior service contact you during the day to check in on your pet?

Primary phone : _____ Secondary phone : _____

Email _____

AGGRESSION TOWARDS FAMILY MEMBERS HISTORY FORM

1. Please list the name and ages of all people living in your home.

Name				
Age				
Hours away from home				

2. Please list all of the pets in your household.

	Pet 1	Pet 2	Pet 3	Pet 4
Name				
Species				
Age now				
Gender				
Neutered/spayed				
Age obtained				
Breed				

3. Circle the response (s) your dog is most likely to show in the following contexts:
 GR = growl, SL = snarl, SB = snap/bite BK = bark If your dog has no reaction,
 simply skip that one. (Your dog may have different responses to different family
 members and we will address this during the consult. Answer this question for the family
 members to which your dog shows the most aggression.

Petting the dog while the dog is lying down:	GR	SL	SB	BK
Petting the dog while the dog is sitting:	GR	SL	SB	BK
Petting the dog while the dog is standing:	GR	SL	SB	BK
Hugging the dog:	GR	SL	SB	BK
Kissing the dog:	GR	SL	SB	BK
Lifting the dog:	GR	SL	SB	BK
Physically trying to remove the dog from the furniture:	GR	SL	SB	BK
Verbally trying to call the dog off the furniture:	GR	SL	SB	BK
Approaching the dog while the dog is on the furniture:	GR	SL	SB	BK
Disturbing the dog while resting/sleeping:	GR	SL	SB	BK
Approaching the dog while eating:	GR	SL	SB	BK
Touching the dog while eating:	GR	SL	SB	BK
Taking away dog food:	GR	SL	SB	BK
Taking away human food:	GR	SL	SB	BK
Taking away the water bowl:	GR	SL	SB	BK
Taking away a rawhide or real bone:	GR	SL	SB	BK
Taking away a cookie/biscuit:	GR	SL	SB	BK
Taking away an object/toy:	GR	SL	SB	BK
Approaching while the dog has any object/toy:	GR	SL	SB	BK
Verbally punishing the dog:	GR	SL	SB	BK
Physically punishing the dog:	GR	SL	SB	BK
Speaking to the dog in a normal tone:	GR	SL	SB	BK
Staring at the dog:	GR	SL	SB	BK
Bending over the dog:	GR	SL	SB	BK
Pushing on the dogs back or shoulders:	GR	SL	SB	BK
Person enters the room:	GR	SL	SB	BK
Person exits the room:	GR	SL	SB	BK
Reaching towards the dog:	GR	SL	SB	BK
Leash restraint:	GR	SL	SB	BK
Collar restraint:	GR	SL	SB	BK
Scruff restraint:	GR	SL	SB	BK
Put the leash on or off:	GR	SL	SB	BK
Put the collar on or off:	GR	SL	SB	BK
Bathe the dog:	GR	SL	SB	BK
Towel the dog:	GR	SL	SB	BK
Groom/brush the dog:	GR	SL	SB	BK
Leash/collar correction:	GR	SL	SB	BK
Trim nails:	GR	SL	SB	BK
Ask the dog to do a basic command (sit, down etc.):	GR	SL	SB	BK

4. What is the most severe injury anyone has sustained from your dog.?

5. How many bites have occurred that have broken skin? (check your answer)

- 0
- 1-3
- 4-8
- 9-12
- >12

6. How many bites have occurred that have not broken skin but contact has been between your dog's mouth and a family member (this includes leaving bruises, red marks or no marks at all, but you are pretty sure that contact was made between the dog's mouth and the person's body). (check your answer)

- 0
- 1-3
- 4-8
- 9-12
- 12-18
- 19-25
- >25

7. How many times has your dog gone to bite but only grabbed clothing (check your answer?)

- 0
- 1-3
- 4-8
- 9-12
- 12-18
- 19-25
- >25

8. After an aggressive episode, how long does it take for your dog to calm down and go back to his normal self?

- Less than 1 minute
- Between 1-5 minutes
- Between 6-15 minutes
- Between 16- 30 minutes
- Longer than 30 minutes
- It depends on the contexts/situation.

9. If you have t ried to correct this behavior previously , please list all techniques you have tried AND you're your dogs response to those techniques ?

Techniques:

Response:

10. My dog will try and bite me when he/she is showing aggression at something else (another dog , the doorbell rings etc..) but I am the closet thing nearby therefore, he/she bites me.

Yes

No

Sometimes

11. Please check all of the words that you feel your dog knows well.

Sit

Down

Stay

Wait

Leave-it

Drop-it

Go to place/go to bed

List others _____

12. Describe the 3 most recent incidents:

1.

2.

3.

13. Do you feed your dog ad lib (food is available at all times) or in meals?

14. What do you f eed your dog?

15. Where do you feed your dog?

16. What is your dog's favorite treats?

17. What is your dog's favorite games/toys?

18. Is your dogs aggression worse during different times of the day (morning, afternoon night)? Yes No Do not know

19. Where did you get this dog? (Circle one):

Shelter Breeder Friend Pet Store
Stray Rescue Organization Other:_____

20. Describe your dog's behavior as a puppy?

21. Do you have any news about littermate's behavior? Yes No
If yes, please describe

22. Did you meet the parents? Yes No
If yes, please describe

23. Has this dog had any other owners ? Yes No
If yes, how many?

24. What are the most common reasons you find yourself scolding/punishing your dog?

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

26. How old was your dog the first time he/she snapped at a person? _____
What was the circumstance?

27. Please list any other behavior problems your dog has.

28. How many dogs have you owned previously?

29. Does your dog have any medical conditions? Yes No (circle your answer).
If yes, please list the medical conditions_____

30. Is your dog on any medication now? Yes No
If yes, please list_____

31. Has your dog been on medication for the behavior problem? Yes No
If yes, please list_____

32. Is your dog on any herbal, homeopathic, or nutritional supplements?
Yes No
If yes, please list_____

33. Please check the answer that best describes how you feel about the current situation:

- I am here only out of curiosity- the problem is not that 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 is all right.
- The problem is 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 to consider finding another home for him/her or euthanizing him/her.

34. Which statement(s) best represents how you feel about the use of medications for your pet's behavioral issue(s). Please check as many answer choices as you wish.

- I am strongly opposed to the use of psychoactive medication and simply will not use them.
- I will only use medication as an absolute last resort. I would rather try nutritional supplements, herbs, etc....first.
- I would rather not use medications to treat my pet's problems, but I am open to hearing about them along with nutritional, herbal etc.... options.
- I am open to any treatment option as long as it will help my pet.

End of questionnaire. Thank you! Please fax, email, or mail this form to Animal Emergency & Referral Associates. Contact information on page 1.