

ANIMAL EMERGENCY & REFERRAL ASSOCIATES

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www.animalerc.com

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 _____

REACTIVITY HISTORY FORM

1. Please check all of those to which your dog is reactive/aggressive:

- People walking by on the same side of the street
- People walking by on the other side of the street
- People walking in front of us
- People walking behind us
- Joggers on the same side of the street
- Joggers on the opposite side of the street
- Cyclists
- Dogs being walked by their owners on the same side of the street
- Dogs being walked on the opposite side of the street
- Children walking by
- Skateboarders
- Other (please list _____)

2. If your dog is reactive to other dogs, please check all that apply. If your dog is not reactive to other dogs, please skip this question. My dog is reactive to:

- All dogs
- Only certain sizes of dogs
- Only certain breeds
- Dogs who are walking calmly on lead with their owners
- Dogs who are walking very excitedly or with a lot of energy
- Dogs who are looking at my dog
- Dogs who are barking and pulling/lunging at my dog
- Only dogs who get very close
- The closer the dog gets, the more my dog reacts
- Other: _____

3. If your dog is reactive to people, please check all that apply. If your dog is not reactive to people, please skip this question: My dog is reactive to:

- All people
- Males
- Females
- Children
- People he sees at a distance
- People who are close
- People who try to pet him
- People who jog past him
- People who are walking in front of us with their backs to us
- People walking behind us
- Other: _____

4. After your dog has reacted to something while out walking, and the person/dog has now passed you, does your dog:

- Continue walking forward with no problem
- Keeps looking behind him to see that person/dog
- Keeps trying to pull back to that person/dog

5. After you dog has reacted, how long does it take for him to calm down:

- Less than 1 minute
- 1-5 minutes
- 5-10 minutes
- Greater than 10 minutes
- It varies (please explain) _____
- _____
- _____
- _____

6. Please check all that apply to your dog when he is reactive/aggressive. My dog will:

- Bark
- Growl
- Snap
- Bite
- Pull towards the stimulus (dog, person, etc.)
- Hair along his back or neck is raised
- Redirect and bite me (or another pet I may be walking with)
- Will not take a treat because he is so aroused
- Will not listen to commands because he is too aroused
- Tail is up and wagging
- Tail is up and stiff (continues on next page)

- Tail is tucked in between his legs
- Tail is down
- Ears are forward
- Ears are back

7. When there are no distractions outside, my dog will obey my commands:

- All of the time
- The majority of the time
- Sometimes
- Infrequently
- Never
- Do not know because I don't ask him to do obedience commands when there are no distractions around.

8. If you have already tried to correct this problem, please list everything you have tried._____

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

10. What do you feed your dog?

11. What is your dog's favorite treats?

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

13. If you have another dog, do you walk them together or separately?

14. What type of collar do you use on walks?

15a. Has your dog ever gotten away from you outside and been able to approach the person/dog? Yes No (please circle)

15b. If yes, how many times has this happened?

- Once Twice Three times More than 3 times

15c. If yes, what happened when your dog reached that person/dog? _____

16. What is the most severe injury any person or dog has sustained from your dog?

17a. Do you have a fenced in yard for your dog?
Yes No

17b. When your dog is in the fenced in yard, does he react (bark etc..) to people and dogs passing by?
Yes No

18. Do you live in a suburb, city, or rural area?

19. Please check all of the words that you feel your dogs knows well:

- Sit
- Down
- Stay
- Wait
- Leave-it
- Look/Watch me
- A U-turn command (the dog does a 180 degree turn with you)

20. If you have tried to correct this behavior previously, please list all techniques tried you're your dogs response to those techniques?

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

Shelter Breeder Friend Pet Store
Stray Rescue Organization Other: _____

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

23. Do you have any news about littermate's behavior? Yes No

If yes, please describe

24. Did you meet the parents? Yes No

If yes, please describe

25. Has this dog had any other owners? Yes No

If yes, how many?

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

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

What was the circumstance?

28. Does your dog have any medical conditions? Yes No (circle your answer).

If yes, please list the medical

conditions _____

29. Is your dog on any medication now? Yes No

If yes, please list _____

30. Has your dog been on medication for the behavior problem? Yes No

If yes, please list _____

31. Is your dog on any herbal, homeopathic, or nutritional supplements?

Yes No

If yes, please list _____

32. 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.

33. 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.