



**Canine Case Squad, Inc.**

Board Certified Canine Behaviorists & Trainers  
Specializing in Aggression, Anxiety and Rehabilitation  
(845) 651-3647 (DOGS)

## 1-Dog Intake Form

### Owner Information

Name

Address

Email

Phone

### Dog Information

Dog Name

Breed

Gender

Color

Age

Weight

Date of Birth



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## Medical Information

Animal Hospital

Veterinarian

Veterinarian Address

Veterinarian Phone

Is your dog spayed/neutered?                      Yes                      No

If yes, age at procedure, reason, and behavioral changes:

Date of Last Rabies Vaccine

Date of Last Lyme Vaccine

Date of Last Distemper Vaccine



# 1-Dog Intake Form

## Medical Screening

Has there been any change in your dog's stool?

Does your dog urinate excessively? If so, when did this begin?

Has your dog's temperament or personality changed? Describe.



## **1-Dog Intake Form**

### **Medical Screening (cont.)**

Does your dog pace back and forth?

Does your dog stare at objects for long periods?

Has the quality of your dog's coat changed?



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## **1-Dog Intake Form**

### **Medical Screening (cont.)**

Is your dog scratching or biting him/herself?

Have there been any changes to sleeping pattern or location?



# **1-Dog Intake Form**

## **Behavior & Background**

What is your biggest problem/behavior concern?

Date you acquired your dog and age at that time:

Where did you get your dog and why did you adopt this dog?



# **1-Dog Intake Form**

## **Background & Daily Routine**

Describe your dog's relationship to other animals in the household:

Describe a typical 24-hour day in the life of your dog:

Where does your dog sleep at night and favorite resting spots:



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## Feeding & Treats

Specific brand and type of food:

How long on this diet?

Number of meals per day:

Graze eating (food left down during day)? Yes No

Dog's favorite treats:

Does your dog react to thunderstorms or other noises? Describe:



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## **1-Dog Intake Form**

### **Behavioral Assessment**

Pet Dog

Hug Dog/Kiss Dog

Lift Dog

Approach Pet while Resting

Approach on Furniture

Call off furniture

Pull off furniture

Approach while eating

Touch while eating

Take dog food dish

Take water dish

Take human food or treat

Take rawhide or bone

Approach when has bone

Take toy or coveted object

Approach when dog is near special person

Enter or leave room

Stare at dog

Speak to dog

Visually threaten the dog

Verbally punish



## **1-Dog Intake Form**

### **Behavioral Assessment (cont.)**

Physically punish

Give command to sit or down

Push into sit or down

Push on shoulder or rump

Restrain by leash

Restrain by collar

Put leash or collar on

Remove leash or collar

Reach for dog

Step over dog

Towel dry

Brush

Bathe

Trim nails

With veterinarian

With groomer

Unfamiliar adult/child enters house/yard

Unfamiliar dog enters house/yard

Familiar adult/child enters house/yard

On leash-person approaches

On leash-dog approaches



# 1-Dog Intake Form

## Behavioral Assessment (cont.)

In house people/dog pass

In car-toll booth or gas station

Response to infant/toddler

Response to squirrel/cat



# **1-Dog Intake Form**

## **Behavioral Narrative**

Please describe the main behavior problem:

Please describe a typical episode:

When did the problem become a serious concern and what have you tried?



# 1-Dog Intake Form

## Owner / Household Information

What type of work does everyone in the house do?

Does anyone in the house have a medical problem? If yes, please specify:

List all members of your household; ages of children and hours per day away from home:



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### **Home & Health**

Does anyone take prescription medication? If yes, please list:

Describe your home (layout, environment, activity level):

Have you relocated since you have owned this dog? If yes, approximate date:



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## 1-Dog Intake Form

### Other Pets

Please list all household pets in order acquired (type, breed, gender, age, age acquired):