



3-Dog Intake Form

Owner Information

Name

Address

Email

Phone

Dog(s) Information

This form is for 3 dog(s). Please complete each Dog section on the following pages.



Canine Case Squad, Inc.

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

3-Dog Intake Form

Dog 1 Information

Dog 1 Basic Information

Dog Name

Breed

Gender

Color

Age

Weight

Date of Birth



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3-Dog Intake Form

Dog 1 - Medical Information

Animal Hospital

Veterinarian

Veterinarian Address

Veterinarian Phone

Is this 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



3-Dog Intake Form

Dog 1 - Medical Screening

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

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

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



3-Dog Intake Form

Dog 1 - Medical Screening (cont.)

Does this dog pace back and forth?

Does this dog stare at objects for long periods?

Has the quality of this dog's coat changed?



3-Dog Intake Form

Dog 1 - Medical Screening (cont.)

Is this dog scratching or biting him/herself?

Have there been any changes to sleeping pattern or location?



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Dog 2 Information

Dog 2 Basic Information

Dog Name

Breed

Gender

Color

Age

Weight

Date of Birth



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3-Dog Intake Form

Dog 2 - Medical Information

Animal Hospital

Veterinarian

Veterinarian Address

Veterinarian Phone

Is this 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



3-Dog Intake Form

Dog 2 - Medical Screening

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

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

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



3-Dog Intake Form

Dog 2 - Medical Screening (cont.)

Does this dog pace back and forth?

Does this dog stare at objects for long periods?

Has the quality of this dog's coat changed?



3-Dog Intake Form

Dog 2 - Medical Screening (cont.)

Is this dog scratching or biting him/herself?

Have there been any changes to sleeping pattern or location?



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Dog 3 Information

Dog 3 Basic Information

Dog Name

Breed

Gender

Color

Age

Weight

Date of Birth



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3-Dog Intake Form

Dog 3 - Medical Information

Animal Hospital

Veterinarian

Veterinarian Address

Veterinarian Phone

Is this 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



3-Dog Intake Form

Dog 3 - Medical Screening

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

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

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



3-Dog Intake Form

Dog 3 - Medical Screening (cont.)

Does this dog pace back and forth?

Does this dog stare at objects for long periods?

Has the quality of this dog's coat changed?



3-Dog Intake Form

Dog 3 - Medical Screening (cont.)

Is this dog scratching or biting him/herself?

Have there been any changes to sleeping pattern or location?



3-Dog Intake Form

Behavior & Background (All Dogs)

What is your biggest problem/behavior concern with your dog(s)?

Date you acquired your dog(s) and age(s) at that time:

Where did you get your dog(s) and why did you adopt them?



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Daily Routine (All Dogs)

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

Where do your dog(s) sleep at night and favorite resting spots:



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Feeding & Treats (All Dogs)

Specific brand(s) and type(s) of food:

How long on this diet?

Number of meals per day (each dog):

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

Dog(s) favorite treats:

Do any of your dog(s) react to thunderstorms or other noises? Describe:



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3-Dog Intake Form Behavioral Assessment (Per Dog)

Pet Dog	Dog 1:	Dog 2:	Dog 3:
Hug Dog/Kiss Dog	Dog 1:	Dog 2:	Dog 3:
Lift Dog	Dog 1:	Dog 2:	Dog 3:
Approach Pet while Resting	Dog 1:	Dog 2:	Dog 3:
Approach on Furniture	Dog 1:	Dog 2:	Dog 3:
Call off furniture	Dog 1:	Dog 2:	Dog 3:
Pull off furniture	Dog 1:	Dog 2:	Dog 3:
Approach while eating	Dog 1:	Dog 2:	Dog 3:
Touch while eating	Dog 1:	Dog 2:	Dog 3:
Take dog food dish	Dog 1:	Dog 2:	Dog 3:
Take water dish	Dog 1:	Dog 2:	Dog 3:
Take human food or treat	Dog 1:	Dog 2:	Dog 3:
Take rawhide or bone	Dog 1:	Dog 2:	Dog 3:
Approach when has bone	Dog 1:	Dog 2:	Dog 3:
Take toy or coveted object	Dog 1:	Dog 2:	Dog 3:
Approach when dog is near special person	Dog 1:	Dog 2:	Dog 3:
Enter or leave room	Dog 1:	Dog 2:	Dog 3:



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Behavioral Assessment (Per Dog, cont.)

Stare at dog	Dog 1:	Dog 2:	Dog 3:
Speak to dog	Dog 1:	Dog 2:	Dog 3:
Visually threaten the dog	Dog 1:	Dog 2:	Dog 3:
Verbally punish	Dog 1:	Dog 2:	Dog 3:
Physically punish	Dog 1:	Dog 2:	Dog 3:
Give command to sit or down	Dog 1:	Dog 2:	Dog 3:
Push into sit or down	Dog 1:	Dog 2:	Dog 3:
Push on shoulder or rump	Dog 1:	Dog 2:	Dog 3:
Restrain by leash	Dog 1:	Dog 2:	Dog 3:
Restrain by collar	Dog 1:	Dog 2:	Dog 3:
Put leash or collar on	Dog 1:	Dog 2:	Dog 3:
Remove leash or collar	Dog 1:	Dog 2:	Dog 3:
Reach for dog	Dog 1:	Dog 2:	Dog 3:
Step over dog	Dog 1:	Dog 2:	Dog 3:
Towel dry	Dog 1:	Dog 2:	Dog 3:
Brush	Dog 1:	Dog 2:	Dog 3:
Bathe	Dog 1:	Dog 2:	Dog 3:



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Behavioral Assessment (Per Dog, cont.)

Trim nails	Dog 1:	Dog 2:	Dog 3:
With veterinarian	Dog 1:	Dog 2:	Dog 3:
With groomer	Dog 1:	Dog 2:	Dog 3:
Unfamiliar adult/child enters house/yard	Dog 1:	Dog 2:	Dog 3:
Unfamiliar dog enters house/yard	Dog 1:	Dog 2:	Dog 3:
Familiar adult/child enters house/yard	Dog 1:	Dog 2:	Dog 3:
On leash-person approaches	Dog 1:	Dog 2:	Dog 3:
On leash-dog approaches	Dog 1:	Dog 2:	Dog 3:
In house people/dog pass	Dog 1:	Dog 2:	Dog 3:
In car-toll booth or gas station	Dog 1:	Dog 2:	Dog 3:
Response to infant/toddler	Dog 1:	Dog 2:	Dog 3:
Response to squirrel/cat	Dog 1:	Dog 2:	Dog 3:



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Behavioral Narrative (All Dogs)

Please describe the main behavior problem(s):

Please describe a typical episode (include which dog is involved):

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



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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 your dog(s)? If yes, approximate date:



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Other Pets

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