

**Happy Buddha Dog Training**  
**Daniel H. Antolec, PCT-A, CPDT-KA, CBCC-KA**

1) Client Name	Appt. Date	Appt. Time
2) Dog's Name	Breed	Age
3) Sex	Spayed/Neutered	Age at spay/neuter
4) Cell Phone	Home Phone	E-mail
5) Street Address	City	State
		Zip

Please answer the following questions and e-mail this form back to [happybuddhatraining@gmail.com](mailto:happybuddhatraining@gmail.com) Specific questions about the problem behavior(s) will be asked during our session.

**Please bring your dog's medical records with you.**

**Payment methods accepted:** Cash or check.

**Cancellation policy:** *Appointments cancelled less than 4 hours in advance will be charged a \$60 rescheduling fee. Appointments cancelled more than 4 hours in advance may be rescheduled without penalty. No penalty for appointments rescheduled due to inclement weather or illness.*

You are welcome and encouraged to take notes, and to audiotape or videotape your session.

**Please Note,** Happy Buddha Dog Training may also videotape the session.

Signature:	Date
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**Submission of this behavioral history form constitutes permission to share your information with a consulting veterinarian.**

<b>6) Where did you hear about Happy Buddha Dog Training?</b> (please be specific/include name when possible)			
7) Friend	Trainer	Vet/Tech	
8) Groomer	Web Search	Social Media	
9) Other			

**MEDICAL HISTORY**

10) Name of Veterinarian	Clinic		
11) Address	City		
	State		
	Zip		
12) Phone	Fax		
13) What brand and type of food does your dog eat?			
14) Amount of food/How often?			
15) Who is the primary feeder?			
16) Was this food prescribed/recommended by your vet? (Y/N)			
17) Has your dog's appetite...	Increased? <input type="checkbox"/>	Decreased? <input type="checkbox"/>	No change? <input type="checkbox"/>
18) Does your dog sleep...	More? <input type="checkbox"/>	Less? <input type="checkbox"/>	The same? <input type="checkbox"/>
19) Does your dog (now or in the past) have any medical conditions or health issues?			

**20) Is your dog on any medication now?**

21) Medication		Why?	
22) Medication		Why?	
23) Medication		Why?	

**REASON FOR CONSULTATION**

**24) What is the main behavior problem or complaint?**

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**25) Additional problems (please list)**

26) 1	
27) 2	
28) 3	

**29) How frequently does the problem (or problems) occur? (How many times a day/week/month)?**

30) Main Problem	Day		Week		Month	
31) Additional Problem 1	Day		Week		Month	
32) Additional Problem 2	Day		Week		Month	
33) Additional Problem 3	Day		Week		Month	

## CHRONOLOGY OF THE BEHAVIOR PROBLEM

34) At what age did you first notice the main problem?		
35) At what age did it first become a serious concern?		
36) In what general circumstances does the dog misbehave?		
37) Has the problem changed in frequency? (Please describe)		
38) Has the problem changed in intensity? (Please describe)		
39) Please describe several examples <b>in detail</b>		
40) Date of most recent incident		Describe below
41) Date of second to last incident		Describe below
42) Date of third to last incident		Describe below
43) Other significant incidents		
44) What have you done so far to correct the problem?		
45) How do you discipline your dog for this and other misbehaviors (if you do)?		

## TRAINING HISTORY

46) Is your dog housetrained?		Yes		No	
47) Does he have accidents? (how many)		Day		Week	
				Month	
48) <b>What basic training has your dog had?</b> (check all that apply)					
49) None	Trained at Home	Attended Class(es)	Graduated Class(es)	Private Trainer	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50) What methods were used in training? (i.e., choke chains, clicker/treats) – Please be specific					
51) How old was the dog when training started?			If ended, at what age?		

# HOME ENVIRONMENT

52) Please list all the people, including yourself, living in your household					
Name	Age (of Children)		Hours Away From Home		

53) Please list all animals in the household, including the dog in this session, in the order in which they were obtained					
Name	Species	Breed	Sex	Age Obtained	Age Now

54) Describe your dog's relationship to the other animals

55) Have you moved since acquiring your dog? (Y/N)      How many times?

56) Has your household (people or animals) changed since acquiring your dog? (Y/N)

57) Please describe

58) Does your dog run free in a fenced yard?      Yes            No     

59) Is the dog tied outside?      Yes            No     

60) Does the dog run free if you don't have a fenced yard?      Yes            No     

61) Where?      How often?      Day      Week

62) How many times a day or week do you walk your dog?      Day      Week

63) How long is each walk?

## DOG'S BACKGROUND

64) Why did you decide to get a dog?

65) Why did you choose this breed?

66) Where did you get this dog? (be as specific as possible – name of shelter/rescue/breeder, etc.)

67) Do you have any news about littermate behavior? (Please describe)

68) If known, please describe the parents' behavior

69) Why did you choose this dog over the others?

70) Has this dog had other owners? (Y/N)      If yes, how many?

71) If so, why was the dog given up?

## GENERAL BEHAVIOR

72) How does the dog behave with visitors? (children or adults, familiar or unfamiliar)

73) Are there certain types of people your dog seems to like better than others? (Please describe)

74) How do you play with your dog?

75) What toys does the dog have, and how does he play with them?

76) Where is your dog when alone in the house?

77) Where is your dog when you have guests?

78) How does your dog behave when you are leaving the house?

79) What is your dog's activity level in general? (Check one)

Low

Average

High

Excessive

**AGGRESSION SCREEN** *(Please check all that apply)*

<b>GR</b>	Growl	<b>SL</b>	Snarl/Bare Teeth	<b>SB</b>	Snap/Bite	<b>NR</b>	No Reaction	<b>NA</b>	Not Applicable
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Behavior	GR	SL	SB	NR	NA
Pet dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hug dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kiss dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call off furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/pull off furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approach on furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disturb while resting/sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approach while eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Touch while eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take dog food away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take human food away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take water dish away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take rawhide/bully stick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take biscuit/cookie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take real bone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take toy/object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approach when dog has toy/object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbally punish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically punish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual threat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak to dog (normal tone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stare at dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend over dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push on shoulders or back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approach dog near spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leave room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach toward dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leash restraint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collar restraint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scruff restraint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Put leash on/take off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Put collar on/take off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathe dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Behavior	GR	SL	SB	NR	NA
Towel dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groom/brush dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog at groomer's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trim nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leash/collar correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to "sit"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to "down"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog at veterinary clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar adult enters house or yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar child enters house or yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familiar adult enters house or yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familiar child enters house or yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to toddlers/babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog in car at tollbooths, gas stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar adult approaches owner when on leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar child approaches owner when on leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog in house, sees people outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to other dogs while on leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to other dogs while off leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>80) Which of these best describes you? (check one)</b>					
1	I am here out of curiosity – problem is not serious				<input type="checkbox"/>
2	I would like to change the problem, but it is not serious				<input type="checkbox"/>
3	The problem is serious, but if remains unchanged that's alright				<input type="checkbox"/>
4	The problem is very serious, but if it remains unchanged I will keep my dog				<input type="checkbox"/>
5	The problem is very serious. If it remains unchanged, I will have my dog euthanized or give him/her up				<input type="checkbox"/>

**FOR AGGRESSION TOWARDS PEOPLE**

(Skip this section if aggression is not the problem)

<b>81) Please check yes or no to these characteristics of your dog's aggressive behavior</b>				
Attacks are sudden and surprising	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Episodes appear unprovoked	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
The dog is abruptly docile after an episode	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
The dog appears "sorry" afterwards	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
The dog appears disoriented afterwards	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Episodes are associated with "glazed" or "absent" expression	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I can usually tell what will set off my dog	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
The aggressive behavior is new and uncharacteristic	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
82) Has your dog bitten?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
83) Total number of episodes of aggression (growling, snapping, biting)				
84) Total number of bites				
85) Number of bites that caused bruising				
86) Number of bites that broke skin				
87) Number of bites that required a trip to the doctor/stitches				
88) Describe typical episode (i.e., does dog growl, lunge, or bite, and in what circumstance)?				
89) If in the above situation 10 times, how many times is aggression seen?				
90) What parts of the body has the dog bitten?				
91) Who are the targets of aggression?				
92) How old was your dog the first time he/she growled at a person?				
93) Describe				
94) How old was your dog the first time he/she snapped or bit at a person?				
95) Describe				
96) <b>Anything else you would like to tell us?</b>				

***End of questionnaire***

***Please be sure to email this form back to [happybuddhatraining@gmail.com](mailto:happybuddhatraining@gmail.com)***

***Thank you!***