



MORONGO BASIN HUMANE SOCIETY



Behavior Evaluation Form

A. Dog and Household Information

Dog's name _____ Breed: _____
 Sex: M F Age _____ How long have you had this dog? _____
 Spayed/Neutered? Y N At what age? _____

1. What is your relationship to this dog?
 Owner Friend/caretaker Foster owner Other

2. Where did you get this dog? _____

3. Including yourself, how many people of what age and sex live in your house?

4. What other animals did your dog live with?
 No other animals in household

	Age Range	Male or Female
Dogs		
Cats		
Other: (List)		

B. Typical Behavior

5. How does your dog usually react when you or another family member does the following?
 Bathe _____
 Brush _____
 Wipe feet _____

6. How does your dog usually react when an unfamiliar person approaches or enters the yard or house?
 Friendly Afraid Barks
 Shows teeth/growls Snaps Bites
 None of these

7. How does your dog usually behave toward the following?

	Never Encounters	Friendly	Afraid	Shows Teeth/ Growls	Snaps	Bites	None of These
People your dog knows:							
Men							
Women							
Children							
Unfamiliar People:							
Men							
Women							
Children							
Familiar Animals:							
Dogs							
Cats							
Unfamiliar Animals:							
Dogs							
Cats							

8. Does your dog usually uncontrollably chase or attempt to chase any of the following?

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Joggers | <input type="checkbox"/> Bicycles | <input type="checkbox"/> Skateboarders/roller-bladers |
| <input type="checkbox"/> Cars/motorcycles | <input type="checkbox"/> Outdoor cats | <input type="checkbox"/> Squirrels or other small animals |
| <input type="checkbox"/> Birds | <input type="checkbox"/> Other | <input type="checkbox"/> Doesn't chase |

9. Do you take your dog out to go to the bathroom?

- Yes How often? _____
- No Paper trained? _____

10. Does your dog usually have "accidents" in the house?

- Yes How many times per day? _____
- No Never

11. Where does your dog spend most of his/her time?

- Inside the house *runs free* Inside the house *crated*
- Outside the house *runs free in the neighborhood*
- Outside the house *runs free in the yard*
- Outside the house *in a kennel*
- Outside the house *tied*
- Other (Please describe) _____

12. How many hours per day is your dog left alone, without people, during the week?

- Never 1-3 hours 4-8 hours 9-12 hours Over 12 hours

12a. When your dog is left alone, is he/she...

- Outdoors Free in home Confined to a room In a cage
- Other (please describe) _____

12b. When left alone, does your dog usually show any of the following behaviors?

- (Please check all that apply.) Destroy household items Urinate/defecate
 Bark Cry None of these

13. When you are home, does your dog usually show any of the following behaviors?

- (Please check all that apply.) Destroy household items Urinate/defecate
 Bark Cry None of these

14. When your dog plays, does he/she typically...

- (Please check all that apply.) Jump Growl Bark
 Bite lightly Bite hard None of these

15. What toys does your dog like?

- (Please check all that apply.) Balls Frisbee Plush
 Squeaky Tug Toy None
 Other (Please describe) _____

16. What games does your dog like?

- (Please check all that apply.) Fetch Tug Chase
 Wrestling None
 Other (Please describe) _____

17. Is your dog scared of anything?

- Yes (Please describe) _____
 No

18. Please tell us your dog's "bad habits"

19. Is your dog allowed on furniture? Yes No

20. Where does your dog usually sleep overnight?

- Cage Floor Dog bed Couch Owner's bed
 Other (Please describe) _____

21. What commands does your dog know?

- No commands known Sit Wait/Stay Down
 Come Heel Give paw
 Other (Please describe) _____

22. Has your dog attended any obedience training classes? Yes No
23. Has your dog ever been walked on the leash? Yes No
 What type of collar/leash? _____
24. Does your dog have problems riding in the car?
 Yes (Please describe) _____
 No Don't know
25. Has your dog escaped your property 2 or more times in the last 6 months?
 Yes (Please describe) _____
 No

C. Aggressive Behavior

(Behavior that has ever happened)

26. Is there any report of your dog ever inflicting a serious bite to a person (such as an attack or a bite requiring hospitalization)? Yes No Don't know
27. Has your dog ever attacked another dog resulting in severe injury or death to the other dog?
 Yes No Don't know
28. Has your dog ever attacked another domesticated animal species (cats or livestock but not "small pets" like hamsters, guinea pigs, etc.) resulting in severe injury or death to another domesticated animal?
 Yes No Don't know
29. Please check the appropriate box if your dog has ever shown any of the following aggressive behaviors:

	Shows teeth/growls	Snaps	Bites	Other	Do Not Know
Men					
Women					
Children					
Dog					
Other Domesticated Animal (cat, livestock)					

29a. If a snap or bite to men or women was checked, did the snap or bite to adult take place while breaking up a dog fight or while a dog was in severe pain? Yes No

29b. If snap or bite to children was checked, did the snap or bite to a child take place while breaking up a dog fight or while a dog was in severe pain? Yes No

29c. Please explain the circumstances of the snap or bite. If you checked more than one bite in the table above, please explain the circumstances of every snap or bite.

29d. If any aggressive behavior to men, women, or children was checked in the table above, please answer the following questions.

	Men		Woman		Children	
	Yes	No	Yes	No	Yes	No
Was the aggressive behavior over food?						
Was it over bones or rawhides or chews?						
Was it over toys?						
Was it over stolen objects?						
Was it when the dog was disturbed while sleeping or resting?						
Was it when an adult or child handled the dog (brushing, handling feet, bathing, teeth brushing, ear cleaning, etc. but do NOT include reaction to vet or groomer)?						
Was it when an adult or child entered the house or yard?						
Was it when an adult or child approached or reached toward dog?						

D. Medical History

30. Does your dog see a veterinarian at least once a year? Yes No

If "yes", please specify the veterinarian name and contact info.

Veterinarian Name: _____

Contact info: _____

31. Has your dog ever shown any of the following aggressive behaviors when handled by a veterinarian or groomer?

	Shows teeth/ growls	Snaps	Bites	None of These
Examine (including heart and ears)				
Restrain				
Administer shots				
Trim nails				
Take blood				

32. Does your dog have to be muzzled at the veterinarian? Yes No

33. Does your dog have any past or present medical conditions?
 Yes (Please describe) _____
 No

34. Is your dog currently on any medication or special diet?
 Yes (Please describe) _____
 No

35. What type of food does your dog eat? Dry Wet/canned Table scraps

Do you have any additional comments?
