



**Client Interview and History Form**

**Dog Friendly Training & Problem Behavior Solutions**

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

All answers are confidential.

Owner's Name \_\_\_\_\_ Dog's Name \_\_\_\_\_  
 Address \_\_\_\_\_ Breed/Mix \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dog's D.O.B or Age \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Weight \_\_\_\_\_ Color / Unique Markings \_\_\_\_\_  
 Work Phone \_\_\_\_\_  may call at work  Male  Female  Intact  Castrated  Spayed  
 Cell Phone \_\_\_\_\_ If altered, at what age? \_\_\_\_\_  
 Occupation \_\_\_\_\_ If dog was altered due to a behavioral problem, explain \_\_\_\_\_  
 Email \_\_\_\_\_  
 Emergency Contact - Phone \_\_\_\_\_  
 Staff Comments \_\_\_\_\_

Type of ID  Microchip  Rabies-License Tag  Name Tag  Tattoo  Other \_\_\_\_\_

How did you hear about How's Bentley?  
 \_\_\_ Veterinarian \_\_\_ Friend \_\_\_ Training Club \_\_\_ Internet \_\_\_ Breeder \_\_\_ Shelter \_\_\_ Rescue Club \_\_\_ Internet search engine  
 \_\_\_ Newspaper \_\_\_ Other  
 Name of referring individual, organization \_\_\_\_\_

Who owned your dog before you?  Breeder  Individual  Shelter  Rescue Club  Pet Store  Friend/Relative  Unknown  Other

Previous owner's name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

At what age did you adopt your dog? \_\_\_\_\_ How long have you had your dog? \_\_\_\_\_

Why was dog given up? \_\_\_\_\_

Why did you get your dog? Please check all that apply.  
 \_\_\_ For companionship \_\_\_ To teach children \_\_\_ For guarding \_\_\_ For hunting \_\_\_ For breeding  
 \_\_\_ For competition \_\_\_ Conformation \_\_\_ Obedience \_\_\_ Agility \_\_\_ Herding  
 \_\_\_ For Protection \_\_\_ For Assistance \_\_\_ Received as Gift \_\_\_ Watch dog \_\_\_ Service Dog  
 \_\_\_ Therapy dog \_\_\_ Replace dog \_\_\_ Companion for another dog  
 \_\_\_ Other \_\_\_\_\_  
 Have you owned other dogs in the past? \_\_\_ Yes \_\_\_ No  
 If yes, when and what breed(s) \_\_\_\_\_  
 List any physical /breed characteristics that contributed to your choice for your current dog. \_\_\_\_\_

**Aggression History**

Has your dog ever threatened (growl, snarl, snap, etc.) anyone? Yes No Any animal? Yes No
Has your dog ever bitten (broken the skin) anyone? Yes No Any animal? Yes No
Has your dog ever inflicted multiple bites on a person, other animal? Yes No
Has legal action resulted from any aggressive incidents? Yes No
Has medical attention been necessary (for humans, animals) because of any aggressive incident? Yes No

If yes to any of the above, explain \_\_\_\_\_

**Veterinary Health Information**

Practice name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dr. \_\_\_\_\_ Month/Year of Last Visit \_\_\_\_/\_\_\_\_ Reason \_\_\_\_\_

May we discuss health and behavioral issues with your veterinarian and other professionals? Yes (Sign Here) \_\_\_\_\_ No

May we discuss health and behavioral issues with the Previous Owner? Yes No

Current Health Problems / List Medications \_\_\_\_\_

Past Medical Conditions / Treatment \_\_\_\_\_

Current vaccinations Rabies Kennel Cough Parvo Month Vaccinations Due \_\_\_\_\_

Is your dog currently on heart worm preventative? Yes Brand/Frequency \_\_\_\_\_ No

Is your dog on flea and/or tick preventative? Yes Brand /Frequency \_\_\_\_\_ No

**Physical Environment-please check all that apply**

Apartment/ Condominium/Townhouse High rise apt. bldg. House No fence Fenced small patio area Doggie door
Invisible fence Indoor kennel Fenced yard/acreage Outdoor kennel/run
Other \_\_\_\_\_

How many hours per day is your pet without human companionship? \_\_\_\_\_ hours
Where does your dog spend most of time when no one is home? Inside Outside Loose Confined
Do you use a tie-out, chain, or rope to restrict your dog to a particular area outside? Yes No

Where does your dog usually sleep at night?
In or on your bed Bedroom on doggie bed Bedroom on floor next to your bed
Bedroom in crate Another room in crate Locked off or gated room/area
In another room, voluntarily Outside In another room, due to closed bedroom door

Other \_\_\_\_\_

Percentage of time pet is: Indoors \_\_\_\_\_% Outdoors \_\_\_\_\_%
Please check all type(s) of collars your dog wears? Buckle Choke Pinch Head Collar Martingale Harness Other

**Social Environment-please check all that apply**

How often do you visit, play games, walk, or train your dog daily? 1 2 3 4 5 6 up

Total time spent visiting, playing, training, walking daily \_\_\_\_\_ Hours/Min

Dog's favorite toy/game \_\_\_\_\_

How many daily periods of 1 hour or more is your dog crated/confined/or otherwise restricted from you while you are home?
 Each day during meals None 1-2 hours 2-3 hours 3-4 hours 4-5 hours 5 or more

What is the primary reason your dog is confined while you are home?
 Not housebroken  Chews on everything  Jumps on people/furniture  Steals objects/food  Annoys and/or Bogs
Other \_\_\_\_\_

**People, Other Pets**

Has the household changed since acquiring this pet?  Yes  No  
 If yes, please check all that apply.  Child added  Adult added  Pet added  Child gone  Adult gone  
 Pet gone  Schedule change  Relocated

When did the change occur? \_\_\_\_\_ Notes \_\_\_\_\_

Name of the primary day-to-day care giver(s) for your dog? \_\_\_\_\_  
 Please list all individuals (including you) currently living in the home.

Name	Sex	Age	/	Name	Sex	Age
_____	_____	_____	/	_____	_____	_____
_____	_____	_____	/	_____	_____	_____
_____	_____	_____	/	_____	_____	_____
_____	_____	_____	/	_____	_____	_____

Do any of the members listed above dislike your dog?  Yes  No

If yes, which ones? \_\_\_\_\_ List any members frightened by your dog \_\_\_\_\_  
 List species, breed, age, sex and length of ownership, for any other cats and dogs below.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Diet and Elimination-please check all that apply**

What brand/type of diet do you feed? \_\_\_\_\_  Homemade  Purchased

List brand name and product \_\_\_\_\_ Why did you choose this diet / brand? \_\_\_\_\_

How often is your dog fed meals daily?  
 1  2  3  4  bowl always contains food  
 How often is your dog fed treats daily?  
 None  1-3  4-6  6-8  9 or more  
 How often is your dog fed human food?  
 Never  Daily  Occasionally  
 When do you feed your dog? Check all that apply.  
 Morning  Lunch  Evening  Night  
 Is your dog reliably housetrained?  
 Some accidents  Yes  No  
 Crate Trained?  Yes  No  
 Paper/Pad Trained?  Yes  No  
 Litter Box Trained?  Yes  No

How many times daily do you take/let your dog out to eliminate when you are home?  
 Dog Door  3  5  7  9  11 or more

How often daily does your dog have bowel movements?  
 1  2  3  4 or more  Don't know  
 The most recent stools have usually been:  
 Hard  Soft  Don't know  
 Do you go out with your dog?  
 Yes  Sometimes  No, just open the door

Has your dog gained weight in the past three months?  Yes  No  
 Has your dog's energy level decreased noticeably?  Yes  No  
 Has your dog's coat changed in the past three months?  Yes  No  
 Does your dog like to rest near heat sources such as heater vents, or near refrigerator condenser when the room temp seems normal to you?  
 Yes  No

**Training History-please check all that apply**

My dog will usually perform these exercises on command (either on or off lead):  
 Come  Sit  Speak  Lie Down  Stay  Heel  Walk on loose lead  
 Shake  Roll over  Fetch  Give  Wait  Leave It  
 Go to your place  Off  Stand  Quiet  
 Others \_\_\_\_\_

Not Trained  No school-trained yourself  Private in-home lessons  Group lessons  Obedience school away from home

Who was the instructor? \_\_\_\_\_

Did you complete the course?  Yes  No If no, why? \_\_\_\_\_

Where did you take your dog for lessons? \_\_\_\_\_

Did you use any specific training collars or equipment?  Yes  No If yes, list equipment used \_\_\_\_\_

Did you use food as a training tool?  Yes  No Did you use a pinch or choke collar?  Yes  No

Additional comments about training history \_\_\_\_\_

### Check any behavior problems you are experiencing

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Aggressive (see additional screen)   | <input type="checkbox"/> Fearful (describe below)          | <input type="checkbox"/> Eats nonfood items (rocks, socks) |
| <input type="checkbox"/> Anxious when alone                   | <input type="checkbox"/> Begging                           | <input type="checkbox"/> Chews furniture/property          |
| <input type="checkbox"/> Defecates in house                   | <input type="checkbox"/> Destructive when alone            | <input type="checkbox"/> Digs in yard                      |
| <input type="checkbox"/> Escapes from yard                    | <input type="checkbox"/> Food guarding                     | <input type="checkbox"/> Growling/family members           |
| <input type="checkbox"/> Grow/Bark other pets                 | <input type="checkbox"/> Grow/Bark strangers               | <input type="checkbox"/> Jumps on furniture                |
| <input type="checkbox"/> Jumps on people                      | <input type="checkbox"/> Mouthing                          | <input type="checkbox"/> Play bites                        |
| <input type="checkbox"/> Pulls on leash                       | <input type="checkbox"/> Self chewing/licking              | <input type="checkbox"/> Steals food or objects            |
| <input type="checkbox"/> Stool consumption                    | <input type="checkbox"/> Tail chasing/biting               | <input type="checkbox"/> Understands me but will not obey  |
| <input type="checkbox"/> Urinates in house                    | <input type="checkbox"/> Urinates when excited             | <input type="checkbox"/> Urinates when greeted             |
| <input type="checkbox"/> Will not come when called (off lead) | <input type="checkbox"/> Excessive vocalization when alone |  |
| <input type="checkbox"/> Excessive vocalization with owners   | <input type="checkbox"/> Rushes through doors/gates        |  |

Briefly describe aggressive or fearful behavior \_\_\_\_\_

Why have you kept your pet despite the problems? \_\_\_\_\_

Have you considered finding the pet a new home?  Yes  No  
Have you considered taking pet to shelter?  Yes  No  
Have you considered euthanasia (putting your pet to sleep)?  Yes  No  
Have you or any other trainers tried to correct problem(s)?  Yes  No If yes, who? \_\_\_\_\_

List any procedures/training devices used to treat behavior and results \_\_\_\_\_

What are your expectations and goals for using our services? \_\_\_\_\_

Why did you choose How's Bentley? \_\_\_\_\_

### Scheduling

What day will best fit your schedule? Please check all that apply.  
 Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

What time of day will best fit your schedule? Please check all that apply  
 8 am-10  10 am-12  12 pm-2  2pm-4  4 pm-6  6pm-8

### Conclusion

Thank you for taking the time and effort to complete this *Client Interview and History Form*. How's Bentley's goal is to obtain all the information necessary to provide you with the finest professional behavior modification services available anywhere! For detailed instructions for arranging for services, please visit <http://howsbentley.com>. Thank you.