

DALBLAIR VETERINARY SURGERY
52/54 DALBLAIR ROAD
AYR KA7 1 UQ

Branch Surgery
Hunter Street,
PRESTWICK
KA9 1 LG
Tel. 477082

Telephone Ayr (01 292) 263744 or 264778
Fax no. 01292 618138
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Behaviour History Form
Dog

Please fill out your details and email, post or hand in at reception

Client name _____

Address _____

Tel _____

E mail _____

Vet _____

Address _____

Tel _____

Fax _____

Pet name _____

Species _____

Breed _____

Colour _____

Age _____

Male/female _____

Neutered _____

BIOP _____

Partners:

A.S. HUTCHISON B.V.M.S. M.R.C.V.S. Cert Vet Ac. Lic.Ac
S.L. JEFFERSON B.V.M.S., M.R.C.V.S.

Where was the dog from, e.g. breeder/rescue/domestic home –

Was dam/sire seen?

Any knowledge of other siblings?

How was pup in first few weeks e.g. timid/outgoing/normal?

Exposure to people/dogs in first 4 months of life?

Diet

What does the dog eat?

Dry/wet

Name of food?

How often is the dog fed?

Is the dog food orientated?

Is there any particular food the dog enjoys?

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Exercise

How often is the dog walked?

How far is the dog walked?

How much of this is off lead?

Does the dog recall easily?

Does the dog enjoy its walks?

Medical history

Anything chronic or serious?

Gastro Intestinal Signs

Vomiting? _____

Diarrhoea? _____

How often does the dog pass faeces? _____

Is the dog coprophagic (eating faeces)? _____

Eat much grass or plant material? _____

Borborygmia? (Gurgling stomach) _____

Flatulence? _____

Stretching? _____

Yawning? _____

Pica (depraved appetite)? _____

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Skin

Pruritus (Skin irritations)? _____

Lesions? _____

Eyes/ears _____

Lameness

Is the dog ever lame/stiff or sore?

Radiographic evidence? _____

Result of palpation/exam:

Onset puberty _____

Age neutered _____

Related to problem? _____

P/p signs? _____

Changes before/during oestrous? _____

Regular oestrous? _____

Males:

Mounting _____

Marking _____

Roaming _____

Male/male recognition? _____

Change after neutering?

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House

Type of house? _____

Is there a garden? _____

Is the garden secure? _____

Is the dog happy to be left in the garden alone? _____

Family members: _____

Children and ages: _____

Other Pets

Name _____

Species _____

Breed _____

Age _____

BIOP _____

Sex _____

Relationship with patient _____

Possessiveness/challenging (with humans)

Over the dog's own food? _____

Over toys? _____

Can it be approached on its bed or when sleeping?

Can stolen items be taken off the dog?

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Is the dog aggressive when it has treats/bones?

Does the dog react aggressively to grooming/drying/moving?

Does he/she react aggressively to being told off?

How does the owner tell he/she off?

Is the dog keen to please/biddable? _____

Does the dog pull on the lead?

What does the owner use? Halti/ harness/collar and lead/choke/other

Have they tried anything else in the past – with what result?

Range of obedience commands?

What kinds of games does the dog play?

By itself? _____

With the owner? _____

How does the dog interact with other dogs on a walk?

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How does the dog interact with unfamiliar people – coming to the house?

How does the dog interact with unfamiliar people – outside?

How does the dog interact with children?

Is the dog toilet trained? _____

Can the dog cope with being left alone?

How well does the dog cope with travelling in the car?

Does the dog bark at anyone/thing from the car?

Will the dog allow unfamiliar people to travel in the car?

Is the dog moody?

Is the dog frightened of noises?

Is the dog frightened of unexpected visual stimuli?

Is the dog allowed on the furniture? _____

Does it get off readily when asked? _____

Where does the dog sleep? _____

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Does the dog sleep well? _____

Problem: _____

Concerns _____

Onset _____

Progression _____

What has already been tried?

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