

Please fill in the following for Dog Behavior:

Frustration Level: None Somewhat Very

When did this behavior Start

Homesetting:

House_____ Apartment_____ Town/Condo_____
Own_____ Rent_____
Yard?_____ Fencing?_____ Chain_____ Wood_____ Height_____
Dog Door_____

Typical Day:

Free run of house_____ Yard_____ Confined_____

How many hours is your dog left alone?

Has your dog been crate trained?

How many hours a day is your dog

Inside_____ Outside_____ Supervised_____ Confined_____

Where is your dog when you are at home?

Always with you_____ Follows you from room to room_____
In another room alone by choice_____ Kept outside_____ Other

Where does your dog sleep at night?

Exercise:

Who exercises your dog?

What type of exercise Walks_____ Runs_____ Play_____ Dog Park_____

How often is your dog exercised?

Times per day_____ Minutes each time_____
Total Hours per week_____

What does your dog play with?

Balls_____ Stuffed Toys_____ Squekey Toys_____ Rawhides_____
Chew Toys_____ Other_____ Favorite Toy_____