

Do No Harm Dog Training Incident Report for Behavioral Consultation

Instructions for Clients

The Assessment Questionnaire is divided into six sections. Please complete all of the sections that pertain to issues you would like to address with your dog(s) and provide concise, yet complete, behavior information. Thank you.

1. Background Information
2. Aggression with Humans (including Resource Guarding)
3. Aggression with Other Dogs—Dog-Dog Aggression
4. Separation Anxiety and Fearfulness
5. Annoyance Problems, such as: Barking, Marking, Pulling on Leash and other
6. Training Goals

1. Background Information

Name	Address
Home Phone	Cell Phone
Email 1	Email 2
<ul style="list-style-type: none"> • What is your primary reason for contacting a behavior consultant/trainer? • Secondary reasons? 	
How did you find us?	

Household Composition - People

Name, Gender, Age	Name, Gender, Age
Name, Gender, Age	Name, Gender, Age
Name, Gender, Age	Name, Gender, Age
Circle the regular visitors that your dog interacts with, such as: <ul style="list-style-type: none"> • Friends • Employees • Housekeepers • Personal Assistants • Landscapers Please describe any specific difficulties with visitors.	

Household Dogs

Name 1	Breed	Age	Male or Female Neutered/Spayed
Name 2	Breed	Age	Male or Female Neutered/Spayed
<ul style="list-style-type: none"> • Age when your dog joined your family? • If chosen from a litter, why did you choose this puppy? • If chosen from a rescue or shelter, why did you choose this dog? 			

Health

<ul style="list-style-type: none"> • When was the last time the dog with the primary behavior problem had a complete veterinary wellness exam? • Has your dog had a complete veterinary wellness exam after the onset of the problem behavior? 	
Does your dog have any medical conditions that may impact training? Circle the ones that apply. • Hearing Loss • Vision Loss • Hip dysplasia • Arthritis • Other	
<ul style="list-style-type: none"> • Is your dog taking any medication? • Please provide the name of the medication and dosage, or over the counter (OTC) product 	
Food Allergies?	
May I have your permission to discuss your dog’s case and progress with your veterinarian? Yes/No	
Veterinarian Name	Address
Phone	Email Address

Training History

Circle all that apply • Classes • Private • Boot Camp
<ul style="list-style-type: none"> • How successful was the training? • What did you like about the training? • What did you dislike about the training?
How do you define “correction?”
In what ways have you corrected or disciplined your dog for unwanted behaviors?

Which basic manners skills does your dog already possess?
Which basic manners and obedience skills would you like your dog to learn, if any?
<ul style="list-style-type: none">• Has your dog been boarded?• Describe any emotional or behavioral changes you may have noticed upon your dog's return home, if any.• How long was your dog boarded? At what facility?

Diet

Brand of food. Please have food-packaging labels available for evaluation.
Daily Supplements.
Daily Feeding Schedule: • Once • Twice • Three times
Eating Behavior. Choose one: • Normal • Picky • Gulping

Exercise

How would you describe your dog's energy? • High • Medium • Low
Which leash-walking items do you currently use? <ul style="list-style-type: none">• Harness • Flat Collar • Head Halter • Martingale Collar • Shock Collar• Prong Collar • Choke Collar • Retractable Leash
Describe you and your dog's typical on-leash walking experience
What type of regular exercise does your dog get? • Walks • Backyard • Fetch • Dog Park or Beach • Playing with Household Dogs • Other
How much time per day does your dog spend outside? • Supervised • Alone

Socialization Skills

People. On a 1–5 scale with 1 being the worst, and 5 being the best, please rate your dog's socialization skills with people.
How does your dog greet strangers coming into your home? Is it a problem?
Children. If you have an infant or toddler in the home, please describe <ul style="list-style-type: none">• Your dog's behavior toward the child• Your child's behavior and feelings toward the dog

<ul style="list-style-type: none">• What role do you play as supervisor, facilitator, or intervener?• Describe what behavior has occurred with the children that concerns you.
Other dogs. On a 1–5 scale with 1 being the worst, and 5 being the best, please rate your dog’s socialization with Strange/New Dogs _____ and Household Dogs _____
Have there been any dramatic changes to your dog’s home or surrounding environment recently, such as: • Construction • Move • Death • Birth • Other Describe your dog’s reaction to these changes.

Your Dog’s Favorite Things

List your dog’s favorite things, such as: • Treats • Affection • Belly Rubs • Toys • Other

Your Dog’s Day

Describe a typical weekday
Describe a typical weekend
Does your dog have a special place to relax, away from an otherwise noisy environment?
What does your dog do there, such as: • Sleep • Guard • Watch Birds • Chew

2. Aggression with Humans

(Aggression with Other Dogs is addressed separately in Section 3.)

Complete this section if your dog has aggression problems with you, other family members, strangers, children, men, guests, other people, or reactivity (barking and lunging) at moving objects such as: skateboards, bicycles, joggers, trucks, motorcycles, cars, other.

Does your dog have a bite or “nip” history to people? Yes/No • How many bites?
How long has your dog been showing aggression? How long has your dog been... Circle those that apply: • Biting • Snapping • Growling • Posturing • Guarding • Stalking • How old was your dog when the first bite to a person occurred?

<p>How does your dog feel about being touched?</p> <ul style="list-style-type: none"> • Are there areas of your dog’s body that are sensitive to your touch, such as: • Paws • Ears • Mouth • Tail • Other
<p>Did your dog have any traumatic puppyhood experiences that you know of?</p>
<p>Does the aggressive behavior limit you or your dog’s daily activities? How so?</p>
<p>Does your dog bark/lunge at people while on leash?</p> <ul style="list-style-type: none"> • Under what circumstances?
<p>Does your dog grab onto you or other people with the mouth?</p> <ul style="list-style-type: none"> • Do you feel teeth when playing, hand-feeding, or in other interactions?
<p>Does your dog “guard” from the inside of your home, such as... Circle those that apply:</p> <ul style="list-style-type: none"> • Sitting at the window to bark at passers-by • Guarding the perimeter of your fenced yard?
<p>Does your dog guard the entryway to your home, or fail to calm when guests enter your home?</p>
<p>Do you play chase games with your dog?</p>
<p>Do you or a family member play tug, or wrestle with your dog?</p>

Bite Incidents. Please answer the following questions to the best of your knowledge detailing *bite incidents*. A bite incident is considered any interaction or altercation where your dog uses its mouth to inflict injury. Please provide one bite incident report for

- A. The most Recent bite to a person
- B. The most Severe bite to a person
- C. The Chronic, ongoing nature of the human aggression
- D. Resource guarding items from people

A. The Most Recent Bite to a Person

<p>When was the most recent incident?</p>
<p>Who did your dog bite?</p>
<p>What is the approximate age of that person?</p>
<p>Where did the incident take place? Was it in your home, the sidewalk in front of your home, elsewhere?</p>

<p>Did your dog give a warning before biting, such as... Circle all those that apply:</p> <ul style="list-style-type: none"> • Attempt to Escape • Air Snap • Prolonged Growl • Short Growl • Body Language Displays • Other
<p>Did your dog make contact with the person's skin or clothing, tear the clothing, or break the skin? Circle all those that apply.</p>
<p>What part of the person's body did your dog bite?</p>
<p>What type of clothing or shoes, if any, covered that body part?</p>
<p>What was the proximity of the body part to your dog's mouth? That is, did your dog jump up, or move or to reach the body part, or was the body part directly near the dog's mouth?</p>
<p>Did the person require medical treatment?</p>
<p>If yes, what type of treatment was necessary? • Emergency Room • Sutures/Stapling • Surgery • Other</p>
<p>Was a hospital stay required?</p>
<p>Circle the best way to describe the bite • Air-snap • Bruising no Puncture • Scratching • Tearing. • Lacerations • Puncture and Release • Puncture and Hold • Puncture and Thrash • Multiple Punctures</p>
<p>Did the dog shake the victim?</p>
<p>Circle the best description of the bruising around the bite • Light Gray • Medium Gray • Dark Gray • Deep Purple/Black</p>
<p>In your estimate, what percentage of the dog's sharp canine teeth entered the body • Less than 15% • 15–30% • 30–50% • More than 50%</p>
<p>What were the circumstances surrounding the bite, that is</p> <ul style="list-style-type: none"> • What was happening <i>before</i> the bite? • What did your dog do <i>after</i> the bite? • What did <i>you</i> do with your dog after the bite?
<p>Why do you think your dog bit the person?</p>
<p>List your previous attempts to address aggression and resource guarding of people and/or treatment or diagnosis from other animal professionals.</p>

B. The Most Severe Bite to a Person

When was the most serious incident?
Who did your dog bite?
What is the approximate age of that person?
Where did the incident take place? In your home, the sidewalk in front of your home, elsewhere?
Did your dog give a warning before biting, such as... Circle all those that apply: <ul style="list-style-type: none"> • Attempt to escape • Prolonged growl • Short Growl • Air Snap • Body Language Display • Other
Did your dog make contact with the person's skin or clothing, tear the clothing, or break the skin?
What part of the person's body did your dog bite?
What type of clothing or shoes covered that body part, if any?
What was the proximity of the body part to your dog's mouth? That is, did your dog jump-up, or move to reach a body part, or was the body part directly near the dog's mouth?
Did the person require medical treatment?
If yes, what type of treatment was necessary? • Emergency Room • Sutures/Stapling <ul style="list-style-type: none"> • Surgery • Other
Was a hospital stay required?
Circle the best way to describe the bite • Air-snap • Bruising no Puncture • Scratching <ul style="list-style-type: none"> • Tearing • Lacerations • Puncture and Release • Puncture and Hold • Puncture and Thrash • Multiple Punctures
Did the dog shake the victim?
Circle the best description of the bruising around the bite <ul style="list-style-type: none"> • Light Gray • Medium Gray • Dark Gray • Deep Purple/Black
In your estimate, what percentage of the dog's sharp teeth entered the body <ul style="list-style-type: none"> • Less than 15% • 15–30% • 30–50% • More than 50%
What were the circumstances surrounding the bite, that is: <ul style="list-style-type: none"> • What was happening <i>before</i> the bite? • What did your dog do <i>after</i> the bite? • What did <i>you</i> do with your dog after your dog bit the person?

Why do you think your dog bit?

C. Describe the Chronic Nature of the Human Aggression

D. Resource Guarding Items with Humans

1. Does your dog guard resources from people such as: • Food Bowl • Rawhides
 • Toys • Bed • You • Other People • Other items or locations

Circle the best answers.

2. List the other items that your dog guards from people
 3. Describe specifically what happens if you try to take a high value item from your dog?

Circle all the options that apply: • Nothing. • Snarl • Growl • Air-Snap • Bite

3. Aggression with Other Dogs. Dog-Dog Aggression

Please answer the following questions to the best of your knowledge for *bite incidents*. A bite incident is considered any interaction or altercation where your dog uses its mouth to inflict injury. Please provide one bite incident report for

- A. The most Recent bite incident to another dog
- B. The most Severe bite incident to another dog
- C. The Chronic, ongoing nature of aggression to other dogs
- D. Resource guarding items with other dogs

A. The Most Recent Bite to Another Dog

When was the most recent incident?
Which body parts were bitten?
Did your dog give a warning before biting, such as... Circle all that apply: • Attempt to Escape • Prolonged Growl • Short Growl • Air-Snap • Body Language Display • Other
How many times has your dog been involved in dogfights?
How many of these fights resulted in a veterinary visit due to injuries?
How severe were the injuries to each animal?

Is there “sibling rivalry” in your multi-dog home between pets?
Why do you think your dog bit?
Your previous attempts to address the problem and any diagnosis from other animal professionals.

B. Most Severe Bite to Another Dog

When was the most severe incident?
Which body parts were bitten?
Did your dog give a warning before biting, such as... Circle all that apply: • Attempt to Escape • Prolonged Growl • Short Growl • Air-Snap • Body Language Display • Other
Did this fight result in a veterinary visit due to injuries?
How severe were the injuries to each animal?
Why do you think your dog bit?

C. Describe the Chronic Nature of the Aggression to Other Dogs

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D. Resource Guarding Items with Other Dogs

Does your dog guard resources from other dogs, such as... Circle all that apply: 1. • Food Bowl • Rawhides • Toys • Bed • You • Other People • Other items or locations 2. List the items that your dog guards from in-house dogs or other/stranger dogs 3. Describe specifically what happens if one dog tries to take a high value item from the other dog, such as... Circle all that apply: • Nothing • Snarl • Growl • Air-Snap • Bite
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4. Separation Anxiety and Fearfulness

Separation Anxiety

<p>Please describe your dog's specific behaviors</p> <ol style="list-style-type: none">1. As you prepare to leave the house2. After you leave the house, if known3. Upon your return
<p>Which of the following apply to your dog when you are gone? Circle all that apply.</p> <ul style="list-style-type: none">• Self-inflicted injuries or mutilation, such as wounds from biting paws or flank• Attempts to escape the home• Houstraining regression• Destructive behavior• Barking, crying, whining• Staring out the window awaiting your return• Other
<p>Please describe how bonded you are to your dog, that is:</p> <ul style="list-style-type: none">• How many hours per day do you spend together, on average?• How many hours spent apart, on average?• Are you crating your dog for Separation Anxiety?
<p>Does your dog sleep in bed with you?</p>
<p>Please describe your emotions and behavior toward your dog when you</p> <ol style="list-style-type: none">1. Say "Goodbye" as you leave the house2. Greet your dog as you arrive home
<p>What limitations does separation anxiety cause to you or other family members? List your previous attempts to address the problem and any diagnosis from other animal professionals.</p>

Fearfulness

<p>Circle all that apply. Please describe any fearful behaviors, body language, vocalizations or circumstances that appear to be a problem</p> <ul style="list-style-type: none">• Attempts to run away• Attempts to hide
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- Displays of submission or appeasement such as:
 - Tail between the legs
 - Excessive licking
 - Crouching or crawling
 - Rolling over to expose the tummy area when in fearful situations such as a *tap-out/go away* request
- Other

Please describe each problem you would like to address with training and treatment. Circle all that apply.

- Housetraining
- Barking
- Jumping
- Mounting
- Puppy Biting or Mouthing
- Marking
- Pulling on Leash
- Basic Manners
- Other/Explain

5. Annoyance Problems

6. Training Goals

Describe your family's goals and expectations.

Are there social dynamics within the family that may impact consistency in training?

Describe your and other family members' willingness to participate in training.

Describe your willingness to keep your pet.

The statements contained in the Assessment Form above are true to the best of my knowledge.

Names of Client/Pet Parents (Please Print)

Signatures of Client/Pet Parents

Date _____

