

BEHAVIOR DEPARTMENT <u>PROBLEM INFORMATION SHEET - DOG</u>

Behavior Helpline: Ext. 258 Email: behavior@placerspca.org

OWNER INFORMATION First N	Name: Last	Last:	
	City:		
	Work:		
Email:			
In Household, Number of Adults:	Children's ages:		
Brief Description of the Problem: _			
Frustration Level (with behavior):	None Somewhat Ver	у	
When did this behavior start?			
HOME SETTING House Apartment Townhouse/Condo Levels Yard Own Rent Type of fence: Height of fence: Dog door Typical day Free run of house/yard Confined Where is the favorite place for your dog to hang out when alone?	Where is your dog when you are home? Always with you Follows you from room to room In another room by itself, by choice Kept outside Other: Who exercises with your dog and how? Play Adult Walks Child Runs Hired help Other pet How often is your dog exercised? Times per day Minutes each time Total minutes per week	With adults Fearful Playful Threatens Disinterested With children Fearful Playful Threatens Disinterested FEEDING SCHEDULE Brand? Type: How much? Free feed Times per day Finishes each meal Supplements Table scraps	
How many hours is your dog left alone each day? Where does your dog sleep at night?	What does your dog play with? Balls Stuffed toys Rawhide Chaw toys	☐ Treats per day OBEDIENCE TRAINING ☐ None ☐ Private ☐ Is beens	
Crate trained? How many hours of the day is your dog	Chew toys Other REACTION TO OTHERS With familiar dogs Fearful Refut	 In home Sent out Group class Completed basic class Who in the family participated? 	
Outside Supervised Confined How are weekends/holidays different?	 Playful Threatens Disinterested With unfamiliar dogs Fearful Playful Threatens Disinterested With strangers Fearful Playful Threatens Disinterested 	Well-known commands Sit Down Stay Come Heel Speak Quiet None Other:	