

## Doggie Day School Behavior Evaluation Questions

Dogs Name: \_\_\_\_\_ Dogs Breed: \_\_\_\_\_

Have you every sought professional help before? Circle one. YES NO

What would you like help with?

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May we contact you in a month for a short phone visit to check on progress? YES NO

What kind of food are you feeding your dog? \_\_\_\_\_

How much are you feeding per meal per day? \_\_\_\_\_

Is your dog kenneled and for how long? \_\_\_\_\_

Do you have any other dogs in the household? YES NO

If yes, how many and what ages? \_\_\_\_\_

<b>Concerns</b>	<b>YES</b>	<b>NO</b>
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Play Bites or Mouthing

House Broken

Jumping on people

Doesn't come when called

Gets excited easily/submissive peeing

Barks excessively

Separation anxiety/ destruction / chewing

Chases people / other animals

Pulls on leash / not leash broke

Fearfulness – people / dogs / sounds

Shows Aggression towards people

Shows Aggression towards animals

Shows Aggression over food or toys

Shows aggression around their territory

Shows aggression outside their territory

Additional Comments:

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