



**KLONDIKE CANINE ACADEMY**  
 Blair Animal Clinic/Klondike Kennels  
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KCA USE ONLY  
 Rec'd \_\_\_\_\_  
 Appt date:  
 \_\_\_\_\_

**PLAYGROUP**

**CANINE BEHAVIOR HISTORY FORM**

Date: \_\_\_\_\_

Name \_\_\_\_\_ Patient (Pet's) Name: \_\_\_\_\_  
 Email \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Alt. # \_\_\_\_\_

**Household Information**

List all other family members (names):

Adults:

\_\_\_\_\_

Children:

\_\_\_\_\_ age \_\_\_\_\_ age  
 \_\_\_\_\_ age \_\_\_\_\_ age

**Pet Info**

Name	Breed	Sex	Neutered	Age (yrs)	Order adopted:
Patient _____	_____	_____	Y N	_____	_____
Pet 2 _____	_____	_____	Y N	_____	_____
Pet 3 _____	_____	_____	Y N	_____	_____
Pet 4 _____	_____	_____	Y N	_____	_____
Pet 5 _____	_____	_____	Y N	_____	_____

Veterinarian / Clinic Name: \_\_\_\_\_

Phone \_\_\_\_\_

May we contact to collect vaccination information on your pet? Y / N

Does this pet have any medical problems? Y / N

Describe: \_\_\_\_\_

**Emergency Contact Information**

KCA keeps Emergency contact information on file for our members. Should something happen to you during a playgroup session, who would we contact on your behalf?

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How long have you had this pet? \_\_\_\_\_ Age of pet when acquired: \_\_\_\_\_

Pet was acquired from:

Pet Store       Breeder       Rescue (specify): \_\_\_\_\_

Shelter       \_\_\_\_\_ Other (specify): \_\_\_\_\_

Is this pet spayed/ neutered:    YES                      NO                      too young but plan on it

**Training & Behavior History**

Average number of hours this pet is left alone on a daily basis: \_\_\_\_\_ hours

Do you have a fenced yard?    Yes    No

Wood/Privacy       Chain link       Wireless / Underground       Other

What forms of exercise does your dog participate in:

Jogs with person       past Dog Park member       Swimming

Outdoors, unsupervised       Access to fenced back yard

Leash walks      How often?      Daily      2/week       seldom to never

Exercise schedule is:     Consistent                       Varies

Dog is walked using:

Flat collar       Off-leash       Retractable leash       Harness

Headcollar (i.e. Gentle Leader, Halti)       Easy Walk Harness       Choke chain

Pinch/Prong       Shock Collar       Other: \_\_\_\_\_

Does your dog pull on the leash?     Yes       No       Sometimes

I would like advice to help prevent my dog from pulling on leash

Children of various ages may be present and have access to your dog during a playgroup or training session.

Is your dog comfortable around, able to be petted/touched and friendly with children of all ages?       Yes       No       Unknown

Is there anything we should know regarding your dog interacting with children?

\_\_\_\_\_  
\_\_\_\_\_

My dog has never played *off leash* before with dogs in a group setting

My dog has played *off leash* with other dogs: (check all that apply)

< 10 lbs    < 25 lbs    < 25 lbs only    > 25 lbs only    > 50 lbs

When interacting with other dogs I feel my dog:

- |   |   |
|---|---|
| <input type="checkbox"/> is having fun  | <input type="checkbox"/> does not want to play                      |
| <input type="checkbox"/> always gets picked on  | <input type="checkbox"/> gets too rough/ I sometimes separate them  |
| <input type="checkbox"/> is scared, runs, & hides   | <input type="checkbox"/> tries to nip/snap at other dogs            |
| <input type="checkbox"/> barks/lunges on leash  | <input type="checkbox"/> has no opportunity to play with other dogs |
| <input type="checkbox"/> I do not know  | <input type="checkbox"/> is not interested                          |
| <input type="checkbox"/> I'm not sure how to interpret my dog's behavior when playing with other dogs |   |

Are there any known dog-dog interaction problems? Y / N

For example: does not get along with certain breeds, certain sizes, different colors of dogs?  
Explain:

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How would you describe this pet's personality? (Check all that apply)

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> loves people                                     | <input type="checkbox"/> confident/outgoing              | <input type="checkbox"/> aloof   |
| <input type="checkbox"/> likes certain people                             | <input type="checkbox"/> shy                             | <input type="checkbox"/> fearful |
| <input type="checkbox"/> nervous with handling/ being picked up /grooming |  |                                  |
| <input type="checkbox"/> fearful of noises                                | <input type="checkbox"/> gets overly stressed or anxious |                                  |

Has this dog ever attended training classes? Y / N

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> puppy pre-school (< 4 months of age) | <input type="checkbox"/> 4-H training |
| <input type="checkbox"/> obedience class                      | <input type="checkbox"/> Other: _____ |

When? \_\_\_\_\_ Where? \_\_\_\_\_

Level of Training:

- |                                      |                                   |   |                               |
|--------------------------------------|-----------------------------------|---|-------------------------------|
| <input type="checkbox"/> Sit         | <input type="checkbox"/> Down     | <input type="checkbox"/> Come               | <input type="checkbox"/> Wait |
| <input type="checkbox"/> Drop it     | <input type="checkbox"/> Leave it | <input type="checkbox"/> Loose Lead Walking |                               |
| <input type="checkbox"/> Eye Contact |                                   |   |                               |

Discipline Techniques:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> none ever       | <input type="checkbox"/> startling          | <input type="checkbox"/> scruff shake      | <input type="checkbox"/> verbal reprimand |
| <input type="checkbox"/> time out        | <input type="checkbox"/> physical reprimand | <input type="checkbox"/> ignore            | <input type="checkbox"/> re-direct        |
| <input type="checkbox"/> alpha roll over | <input type="checkbox"/> water pistol       | <input type="checkbox"/> leash jerk        | <input type="checkbox"/> grab collar      |
| <input type="checkbox"/> distraction     | <input type="checkbox"/> shock collar       | <input type="checkbox"/> citronella collar |   |

Please check any of the following that are of concern with this pet:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Jumps up on people  | <input type="checkbox"/> Nipping/Mouthing                    | <input type="checkbox"/> Aggressive to Dogs   |
| <input type="checkbox"/> Destructive Chewing | <input type="checkbox"/> Has too much energy                 | <input type="checkbox"/> Aggressive to Cats   |
| <input type="checkbox"/> Eliminates Indoors  | <input type="checkbox"/> Does not listen                     | <input type="checkbox"/> Barks too much       |
| <input type="checkbox"/> Pulls on leash      | <input type="checkbox"/> Does not come when called           | <input type="checkbox"/> Anxious when I leave |
| <input type="checkbox"/> Growls at me        | <input type="checkbox"/> Growls if I try to take a bone away | <input type="checkbox"/> Needs more training  |

Has your dog ever bitten a person: Y / N    another animal? Y / N

People (explain) \_\_\_\_\_

Animals (explain) \_\_\_\_\_

<b>Goals</b>
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Check items below that led to enrolling your dog in Playgroups ?

- |  |   |
|--|---|
| <input type="checkbox"/> Increase Socialization Skills with People | <input type="checkbox"/> Increase Social Skills with other Dogs     |
| <input type="checkbox"/> Increase Exercise opportunities           | <input type="checkbox"/> I plan to board and want to do Stay & Play |
| <input type="checkbox"/> Reduce Reactivity toward other Dogs       | <input type="checkbox"/> It sounded like fun                        |
| <input type="checkbox"/> I just graduated from KCA Puppy Class     | <input type="checkbox"/> Other: _____                               |

If you had to list 3 training goals you would like to achieve what would they be?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

How did you hear about us? (Check all that apply)

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> I'm a current client  | <input type="checkbox"/> Phone Book | <input type="checkbox"/> Postcard Mailer             |
| <input type="checkbox"/> Groomer               | <input type="checkbox"/> Newspaper  | <input type="checkbox"/> Facebook                    |
| <input type="checkbox"/> Veterinarian          | <input type="checkbox"/> Breeder    | <input type="checkbox"/> Online search-found Webpage |
| <input type="checkbox"/> Other (specify) _____ |                                     |  |

Please list the person who referred you so we may send them a thank you:

\_\_\_\_\_