



**CASE HISTORY QUESTIONNAIRE**  
**Ruff Customers Dog Training**  
**Leigh Sansone, PMCT, CPDT-KA**

Please fill out this form carefully and thoroughly. The information you provide will serve as the essential basis of the counseling goals. Use the back of this form or extra pages if necessary. Please PRINT legibly. Thank you!

**CLIENT INFORMATION**

Client Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Dog's Name \_\_\_\_\_ Age \_\_\_\_\_ years \_\_\_\_\_ months

Breed \_\_\_\_\_ Mix? (Mark one) Y / N

Secondary breed(s) \_\_\_\_\_

Gender \_\_\_\_\_ Spayed or Neutered? (Mark one) Y / N

Dog's Current Weight: \_\_\_\_\_ Dog's Date of Birth: \_\_\_\_\_

Is your dog registered? (Mark one) Y / N If yes, please specify by which agency:

\_\_\_\_\_

How did you hear about Ruff Customers Dog Training? **Please** help us by being specific.

APDT / CCPDT / IAABC / Google Search / Yahoo Search / Other search engine \_\_\_\_/

Google Places / Urban Hound / Truly Dog Friendly / Personal Referral / Wet Nose

Guide / Other \_\_\_\_\_

## ACQUISITION OF YOUR DOG/ BACKGROUND

Where did you get your dog? (breeder, pet shop, rescue, shelter, etc.) be specific:

\_\_\_\_\_

If from a breeder, did you see the facility? \_\_\_\_\_ Meet mom? \_\_\_\_\_ Meet dad? \_\_\_\_\_

Has your dog had other owners? (If yes, please specify how many owners) \_\_\_\_\_

If your dog is spayed/neutered, what age was the operation done? \_\_\_\_\_

Did you notice behavioral changes after spaying/neutering? Y / N If so, what? \_\_\_\_\_

\_\_\_\_\_

If you have an INTACT FEMALE, at what age was her first heat? \_\_\_\_\_

What date was her latest heat? \_\_\_\_\_ Was it normal? \_\_\_\_\_

What, if any, behavioral changes did you notice while she was in heat? \_\_\_\_\_

If you have an INTACT MALE, does he mark with urine (leg lifting)? (Mark one) Y / N

If yes, at what age did he begin? \_\_\_\_\_

Where exactly does he mark? \_\_\_\_\_

If s/he's INTACT, are you planning to breed your dog? Y / N or Unsure (circle one)

If known: how many litter-mates did your dog have? Total # (including your dog) \_\_\_\_\_

# Males: \_\_\_\_\_ # Females: \_\_\_\_\_

How many dogs OR puppies did you have to choose from when you chose yours? \_\_\_\_\_

Why did you choose this particular dog over others? Please be specific: \_\_\_\_\_

\_\_\_\_\_

Do you have any knowledge of litter-mate behavior either while your dog was with his/her litter or since s/he has left the litter? (mark one) Y / N If yes, please specify:

\_\_\_\_\_

How old was your dog when you got him/her? \_\_\_\_\_

How long have you had this dog? \_\_\_\_\_

What role did you imagine this dog playing in your house-hold when you got him/her?

\_\_\_\_\_

What kinds of activities did/do you plan to do with your dog? \_\_\_\_\_

## HOME ENVIRONMENT

Please list all PEOPLE who live in the household with your dog, including age/gender info.

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Please list all PEOPLE handling dog at home:

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(Handlers 16 years old and younger **must have an adult** at consult to assist minor. )

Does the subject dog have specific **problems** with any **PERSON** listed previously? If so, with whom? What is the problem? \_\_\_\_\_

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Does the subject dog show **favoritism** with any **PERSON** listed previously? Whom?

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Please list all other PETS in the house, including species, age, and gender.

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Does the subject dog have specific **problem** with any **PET** listed previously? If so, with which one(s)? Please describe the problem(s). \_\_\_\_\_

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Have there been any changes to the dog's home or surrounding environment recently? If so, please list those changes (e.g., construction, move, death, birth).

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If you have multiple pets, where in acquisition order does this dog fall? \_\_\_\_\_

Where do you live? (e.g., busy street, apartment, rural?) \_\_\_\_\_

Where does your dog stay during the day? \_\_\_\_ Ex-pen \_\_\_\_ Dog run (Indoor/ Outdoor)  
\_\_\_\_ Dog Daycare \_\_\_\_ Tied-out \_\_\_\_ Free roam of house \_\_\_\_ Sequestered in a room  
\_\_\_\_ Yard If in yard, what kind of fence? -- Chain link \_\_\_\_ Privacy \_\_\_\_ electric shock \_\_\_\_

If at a Dog Day Care, which one? \_\_\_\_\_

How many days per week? \_\_\_\_ How does dog get to day care? \_\_\_\_\_

## DAILY SCHEDULE

Describe a typical **weekday** in your dog's life (time up, feeding (# times, when?), play, exercise, toileting times, evening hours, bedtime routine – BE SPECIFIC)

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Describe a typical **weekend day** in your dog's life (time up, feeding (# times, when?), play, exercise, toileting times, evening hours, bedtime routine – BE SPECIFIC)

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Describe what activities your dog does for exercise while under supervision:

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How does your dog experience **outside** time? (Mark ALL that apply)

tie-out    fenced yard    on leash    dog park    kennel run  
 electronic/invisible fence    unfenced area, no barriers    on a long line  
 other (please list): \_\_\_\_\_

Do you use a DOG WALKER? Y / N If so, who? \_\_\_\_\_

How much time does your dog spend outside daily? \_\_\_\_\_ supervised or alone? \_\_\_\_\_

Please mark your dog's general activity level:

very low / low / average / high / very high / excessive

Does your dog play off-leash with other dogs? Y / N If yes, please describe what you observe: (wrestling, mounting, mouth playing, chase games, etc.)

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What methods / games / toys do you use to **mentally** exercise your dog? \_\_\_\_\_

How much time (minutes, hours) each day do you devote to exercising your dog?

How many minutes a day does your dog get to **run** (not walk)? \_\_\_\_\_

Who in your family exercises your dog? \_\_\_\_\_

What toys do you provide for your dog? \_\_\_\_\_

What is your dog's favorite toy? \_\_\_\_\_

What is your dog's favorite treat? (be specific, don't say all) \_\_\_\_\_

Where is your dog's favorite place to be touched? \_\_\_\_\_

Where in the home is your dog's favorite place to hang out? \_\_\_\_\_

What does your dog do there? (E.g. sleep, watch birds etc.): \_\_\_\_\_

How many hours a day is your dog left alone on a typical weekday? \_\_\_\_\_

Is your dog crate trained? Y / N Plastic (Airline) crate \_\_\_\_\_ OR Metal/mesh crate \_\_\_\_\_

Does your dog seek out his crate (or BED area) of his own free will (indicate below)?

During the day: \_\_\_ never \_\_\_ rarely \_\_\_ occasionally \_\_\_ often \_\_\_ always

During the night: \_\_\_ never \_\_\_ rarely \_\_\_ occasionally \_\_\_ often \_\_\_ always

**Where** does your dog sleep at night? \_\_\_\_\_

Have you noticed recent changes in your dog's sleeping habits? more / less / same

If yes, please specify: \_\_\_\_\_

Is your dog house-trained? Y / N What method(s) did you use? \_\_\_\_\_

If no, please describe the occasions/locations your dog eliminates in the house:

Urine: \_\_\_\_\_

Feces: \_\_\_\_\_

Does your dog ever have 'accidents'? \_\_\_\_\_

Has your dog ever been boarded? (Mark one) Y / N If yes, where and for how long?

\_\_\_\_\_

Did your dog have behavioral changes upon returning home? (Mark one) Y / N

If yes, please describe: \_\_\_\_\_

## TRAINING BASICS

Equipment you have used with your dog (please check **all** that apply): \_\_\_ Buckle Collar

\_\_\_ Martingale /limited slip collar \_\_\_ Body Harness (Specify brand): \_\_\_\_\_

\_\_\_ Prong/Pinch Collar \_\_\_ Head Harness (**Mark:** Gentle Leader, Halti, other \_\_\_\_\_)

\_\_\_ Chain Training Collar \_\_\_ Other (Please specify): \_\_\_\_\_

What equipment are you currently using with your dog? \_\_\_\_\_

Has your dog had any training? (**circle all that apply**) NONE / trained at home /

/ started class but didn't finish / private trainer / graduated one level of class /

/ graduated two or more levels of classes / Sent-to-Trainer (whom?) \_\_\_\_\_ /

Other (specify - herding, protection, Schutzhund, etc.) \_\_\_\_\_

If s/he went for training, which trainer did you use? \_\_\_\_\_

List ANY training done by you (at home, any group or private classes taught by others,

or any that you are aware of from before you acquired him/her. Please specify ALL the

**method(s)** of training used: \_\_\_\_\_

\_\_\_\_\_

How old was your dog when you began training him/her? \_\_\_\_\_

Who in your family is the primary trainer? \_\_\_\_\_

What training method(s) do you use? \_\_\_\_\_

Please grade the following cues based on reliability (95% reliable = GREAT), (between

95% and 50% = DECENT), (Less than 50% = IMPROVING): Recall (Come) \_\_\_\_\_

Leash Walk w/o Pulling \_\_\_\_\_ Sit \_\_\_\_\_ Stay \_\_\_\_\_ Leave It \_\_\_\_\_

Down (Lie) \_\_\_\_\_ Drop it \_\_\_\_\_ Heel \_\_\_\_\_

What cues would you like your dog to do **better**? \_\_\_\_\_

Does your dog obey the above cues more often for one member of the family? Whom?

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Does your dog know any tricks? If so, which one(s)? \_\_\_\_\_

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In what way(s) do you discipline/correct your dog for unwanted behavior? **Be specific.**

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### **DIET / FEEDING**

What do you feed your dog (Brand(s)): \_\_\_\_\_

Do you feed both wet and dry food? Y / N Mixed or separately? \_\_\_\_\_

How many cups per day: \_\_\_\_\_ Divided into (#) \_\_\_\_\_ meals.

Your dog's food is: \_\_\_\_ available at all times (free fed) **OR**

\_\_\_\_ put down at specific meal times: Time: \_\_\_\_\_ Time: \_\_\_\_\_ Time: \_\_\_\_\_

other (Please describe): \_\_\_\_\_

Does your dog receive food/vitamin supplements? (Please specify): \_\_\_\_\_

Who feeds your dog? \_\_\_\_\_

Where does your dog eat? \_\_\_\_\_

Describe eating habits (e.g. picky, voracious, gulping, etc.): \_\_\_\_\_

Does your dog get treats? (Mark one) Y / N If yes, type(s) and brand(s):

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How many treats per day? \_\_\_\_\_ Who gives your dog treats? \_\_\_\_\_

### **MEDICAL / HEALTH HISTORY**

Does your dog have ANY previous or current medical conditions or health issues, no matter how minor they seem? Y / N If yes, please specify: \_\_\_\_\_

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Does your dog have any pre-existing condition that may have an impact on training?  
(E.g. hip dysplasia, sight loss, hearing loss): Y / N If yes, please describe:

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Is your dog on flea preventative? (Mark one) Y / N Which one? \_\_\_\_\_

Is your dog on Heart Worm preventative? (Mark one) Y / N Which? \_\_\_\_\_

Date of last Rabies Vaccine: \_\_\_\_\_

Is your dog currently taking ANY OTHER medications? (Mark one) Y / N If yes,  
please specify: \_\_\_\_\_

### **BEHAVIORAL HISTORY**

When your dog eats dog food out of her food bowl, what would happen if:

You approached your dog? \_\_\_\_\_

You reached for the bowl? \_\_\_\_\_

You picked up the bowl? \_\_\_\_\_

If your dog has **long-lasting treats** (like **chews** or **pig ears**), what would happen if:

You approached your dog? \_\_\_\_\_

You reached for the treat? \_\_\_\_\_

You picked up the treat? \_\_\_\_\_

Is your dog possessive of toys? (Mark one) Y / N If yes, please describe the  
circumstances: \_\_\_\_\_

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How does your dog react to visitors to the home? Please explain in detail:

KNOWN people \_\_\_\_\_

UNKNOWN people \_\_\_\_\_

Where is your dog when **familiar** guests come to your house? \_\_\_\_\_

Where is your dog when you **unfamiliar** visitors come to the door (salespersons, Fed-Ex, plumbers, etc.): \_\_\_\_\_

Does your dog **jump up** on you or others without permission? Y / N

Does your dog **lick** you or others? Y / N If yes, whom? \_\_\_\_\_

Does your dog **paw** at you or others? Y / N If yes, whom? \_\_\_\_\_

Does your dog **mount** people? Y / N If yes, whom? \_\_\_\_\_

Does your dog **mount** other animals or objects? Y / N If yes, please describe:

\_\_\_\_\_

Does your dog ever **bark** at you? Y / N If yes, please describe:

\_\_\_\_\_

Does your dog bark at other people? Y / N If yes, please describe:

\_\_\_\_\_

Does your dog ever cower in anyone's presence? Y / N If yes, please describe:

\_\_\_\_\_

Does your dog ever roll over, belly up, or urinate in anyone's presence? Y / N If yes, please describe when : \_\_\_\_\_

How does your dog behave while you are preparing to leave home? \_\_\_\_\_

\_\_\_\_\_

How does your dog react when you return home? \_\_\_\_\_

\_\_\_\_\_

Does your dog exhibit fear, phobias, or other unusual behavior? Y / N

If yes, please specify to what: (Thunderstorms, certain noises, shadows, reflected lights, etc.). If noises, please describe what noises \_\_\_\_\_

\_\_\_\_\_

What experiences make your dog uncomfortable? \_\_\_\_\_

\_\_\_\_\_

Has **your dog bitten** ANOTHER DOG? Y / N More than one incident? Y / N

Did the bite(s) draw blood from the other dog? Y / N

(If multiple bites, please answer the following questions for EACH bite incident – use additional pages, if necessary, and attach them to this form)

# of punctures: \_\_\_\_\_ # of stitches: \_\_\_\_\_

# of vet visits needed to repair damage done to other dog: \_\_\_\_\_

Which body part(s) were bitten? Please describe in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your dog ever **BEEN BITTEN BY** a dog? Y / N More than one incident? Y / N

(If more than one incident, please answer these questions for each incident and if necessary, attach a description of each incident to this form)

Did the bite(s) draw blood? Y / N How many times was your dog bitten? \_\_\_\_\_

# of punctures: \_\_\_\_\_ # of stitches: \_\_\_\_\_

# of vet visits needed to repair physical damage: \_\_\_\_\_

Which body part(s) were bitten? Please describe in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your dog bitten a HUMAN? (Mark one) Y / N More than one incident? Y / N

How many times has your dog bitten a human? \_\_\_\_\_ (If multiple bites, answer the questions for each bite; use additional pages, if necessary, and attach to this form)

Did the bite draw blood? Y / N # of punctures: \_\_\_\_\_

# of stitches: \_\_\_\_\_ # hospital visits: \_\_\_\_\_

Which body part(s) were bitten? Please describe in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the **PRIMARY behavior issue** you wish to address?

1) \_\_\_\_\_  
\_\_\_\_\_

Please list any additional **issues** (use the back of the form or attach pages if needed).

2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_

How frequently do(es) the problem(s) occur (how many times daily, weekly, or monthly)? Main issue: \_\_\_\_\_

Issue 2: \_\_\_\_\_

Issue 3: \_\_\_\_\_

Issue 4: \_\_\_\_\_

Main Issue: when did this become a concern? \_\_\_\_\_

Issue 2: when did this become a concern? \_\_\_\_\_

Issue 3: when did this become a concern? \_\_\_\_\_

Issue 4: when did this become a concern? \_\_\_\_\_

How much of a problem do you consider these behaviors to be?

Main issue: Very Serious / Serious / Not Serious

Issue 2: Very Serious / Serious / Not Serious

Issue 3: Very Serious / Serious / Not Serious

Issue 4: Very Serious / Serious / Not Serious

What interventions have you used so far to correct the problem(s) ?

Main Issue: \_\_\_\_\_  
\_\_\_\_\_

Issue 2: \_\_\_\_\_

Issue 3: \_\_\_\_\_

Issue 4: \_\_\_\_\_

Has the problem changed in intensity or frequency?

Main Issue: \_\_\_\_\_

Issue 2) \_\_\_\_\_

Issue 3) \_\_\_\_\_

Issue 4) \_\_\_\_\_

Please **describe in detail** several examples of the main problem Describe what actions you observed (i.e., "his teeth were bared, his tail was tucked" not "he was aggressive":

Most recent incident. (Date - \_\_\_\_\_)

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

Next most recent incident. (Date - \_\_\_\_\_)

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

Third most recent incident. (Date - \_\_\_\_\_)

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

Is there anything else you consider relevant? If yes, please specify:

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

What do you wish to accomplish in this consultation?

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What is the name of your dog's regular Veterinary Office or Clinic:

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Name of Veterinarian: \_\_\_\_\_

Vet's Number: \_\_\_\_\_ Fax \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby give permission to Leigh Sansone, CPDT, for Ruff Customers, to phone my Veterinarian's Clinic to verify my dog's vaccination status (D.H.L.L.P.-C, Rabies) Please Initial: \_\_\_\_\_

I hereby give permission to Leigh Sansone, CPDT, for Ruff Customers, to discuss, if necessary, my dog's behavior with my Veterinarian and/or Clinic/Office staff. Please Initial: \_\_\_\_\_

I hereby give permission to Leigh Sansone, CPDT, for Ruff Customers, to discuss, if necessary, my dog's behavior with my dog's day care staff and/or dog walker. Please Initial: \_\_\_\_\_

I hereby certify that dog who is the subject of this history is not a hazard to persons, dogs, other animals or property and that the subject dog's rabies and other vaccinations are current in accordance with the requirement(s) of the state of New York.

There shall be no refunds of any amounts paid to Ruff Customers or Leigh Sansone, Trainer. The undersigned owner, on behalf of himself/herself, on behalf of any and all other owners, and on behalf of any and all participants authorized or permitted by the undersigned to attend any lessons, agrees to defend, indemnify, and hold harmless Ruff Customers, its staff, volunteers, owners, and agents from all liability and damages, including, without limitation, liability and damages for any claim, loss, or injury which may occur during after this training, or may be alleged to have occurred to any persons, animals, or property arising from or related to the training or lessons.

Trainer cannot guarantee each individual dog's ability to learn and/or understand signals, commands, or cues, nor the degree to which the subject dog can be rehabilitated from acting in an unwanted manner. Moreover, the Trainer cannot guarantee the compliance of the undersigned owner and all other authorized participants, which is a crucial component of any behavior modification program. Trainer reserves the right to refuse training any dog that is obviously sick or overtly aggressive. Trainer reserves the option to refer aggressing dogs to other professionals in the field of Dog Training and Behavior.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

I look forward to playing a part in the education of your dog. Thank you!

*Leigh Sansone*

Leigh Sansone, CPDT, PMCT for Ruff Customers Dog Training

