



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 (or WHO, if personally referred)? _____

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? _____

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.

Please list all PEOPLE handling dog at home: _____

(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** at home? If so, with whom?

What is the problem? _____

Does the subject dog show **favoritism** with any **PERSON** at home? If so, with whom?

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

Does the subject dog have specific **problem** with any **PET at home** ? If so, with which one(s)?

Please describe the problem(s). _____

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). _____

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? Mark ALL that apply: ___ Ex-pen / ___ Crate / ___ Dog Daycare / ___ Free roam of house / ___ Sequestered in a room / ___ Yard.

If in a yard, what kind of fence? ___ Chain link / ___ 6 foot Privacy / ___ Electric-Invisible

If you use a Dog Day Care, which one? _____

How many days per week? _____ How does dog travel to day care? _____

DAILY ROUTINE

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

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)

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

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

_____ tie-out or runner/ _____ fenced yard/ _____ on leash/ _____ dog park/
_____ kennel / _____ electronic/invisible fence/ _____ unfenced area, no barriers /
_____ 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.)

What methods / games / toys do you use to **mentally** exercise your dog? (such as Kongs, interactive food toys, puzzle games) _____

How much time each day do you devote to exercising your dog? _____

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

DAILY ROUTINE, cont'd:

Who in your family exercises your dog? _____

What is your dog's favorite toy? _____

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, birdwatch): _____

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

Is your dog crate trained? Y / N what kind? Plastic crate _____ / 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? (your bed is fine, don't worry) _____

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

Is your dog house-trained? Y / N How did you housetrain your dog? _____

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

Urine: _____

Feces: _____

Does your dog ever have 'accidents'? _____

Have you ever left your dog while you went away? (Mark one) Y / N If yes, did you board your dog or have a pet sitter? _____

Who/which one did you use? _____

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

If yes, please describe: _____

TRAINING BASICS

Equipment /collars you have used with your dog (please check **ALL** that apply): ___ Buckle /
___ Martingale - limited slip / ___ Body Harness/ ___ Prong-Pinch / ___ Chain Training/choke /
___ Head Harness (**Mark:** Gentle Leader, Halti, other____)/ No Pull Harness (Specify brand):
EasyWalk, Sporn, Sensation / Electronic Shock Collar (brand) _____
___ Other (Please specify): _____

What equipment are you currently using with your dog? _____

Has your dog had any training? (Mark **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 / ___ Board and Train

If s/he went to private or Board training, which trainer did you use _____

Other (specify – herding, protection, Schutzhund, etc.) _____

Please specify ALL the **method(s)** of training used (ie, clicker training, lure & reward, shock,
dominance/pack leader) _____

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 _____

Which cues would you like your dog to do **better**? _____

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

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

DIET / FEEDING

What do you feed your dog (Brand(s)): _____

Do you feed both wet & dry food? Y / N If both, served 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 times
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, gulping.): _____

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

Who gives your dog treats? _____ For what? _____

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

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: _____

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 explain: _____

Is your dog on flea meds? (Mark one) Y / N On Heart Worm preventative? Y / N

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 circumstances:

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

KNOWN people _____

UNKNOWN people _____

Where do you put your dog when **familiar** guests come to your door? _____

Where do you put your dog when you **unfamiliar** people knock? (Fed-Ex, workers, 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 Whom? _____

Does your dog bark at anything other than people? If so, what? _____

Does your dog ever cower in anyone's presence? Y / N If yes, who? _____

Does your dog ever roll over, expose belly, AND urinate in anyone's presence? Y / N If yes, please describe when _____

How does your dog behave while you are preparing to leave home? (e.g., jumps, whines, paces – describe) _____

Describe what actions your dog does when you return home. _____

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

If yes, please specify to what: (Thunderstorms, noises, shadows, plastic bags, cars, etc.).

If noises, please describe what noises _____

What other experiences make your dog uncomfortable? _____

BITE HISTORY

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: _____

CURRENT ISSUES AND CONCERNS

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 or discipline have you tried or 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?

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

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

