



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

Please fill out this form thoroughly. The information you provide will be the basis for creating behavioral goals. Use extra pages if necessary. Please type or write legibly, & send to [Leigh@RuffCustomers.com](mailto:Leigh@RuffCustomers.com) or fax (email to request #). Thanks

**CLIENT INFORMATION**

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Owner occupation \_\_\_\_\_

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

Breed \_\_\_\_\_

Mix breed? If so, what? \_\_\_\_\_ Dog's birthdate

\_\_\_\_\_

Dog's Current Weight: \_\_\_\_\_ Gender: M / F Spayed / Neutered? Y / N

Is your dog AKC Breed registered? (Mark one) Y / N

If registered elsewhere, please specify by which agency: \_\_\_\_\_

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

Mark: Google or other web search / APDT / CCPDT / Truly Dog Friendly / Yelp /

Other \_\_\_\_\_ / Personal Referral (name) \_\_\_\_\_

**ACQUISITION OF YOUR DOG/ BACKGROUND**

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

\_\_\_\_\_

When did you get your dog (approximate date)? \_\_\_\_\_

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

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

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

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

How many litter-mates did your dog have (if known)?

Total # (including yours) \_\_\_\_\_ # Males: \_\_\_\_\_ # Females: \_\_\_\_\_

Why did you choose this particular dog over others you were considering (in litter or shelter) ? 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:

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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? \_\_\_\_\_

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

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

Did you notice any behavioral changes 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 does he mark, inside the home or outside? (Mark one)

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

## HOME ENVIRONMENT

Please list all PEOPLE who live in the household with your dog, **including age & gender**

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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 problem(s)? \_\_\_\_\_

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

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

\_\_\_\_\_

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

\_\_\_\_\_

Does the subject dog have a specific **problem** with any PET listed previously? 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, birth, death of family member).

\_\_\_\_\_

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

Where does your dog stay during work days? (Mark all) \_\_\_\_ Ex-pen/ \_\_\_\_ Dog Daycare/  
\_\_\_\_ Kennel Run (Indoor or Outdoor?)/ \_\_\_\_ Tied-out / \_\_\_\_ Free roam of house/apt  
\_\_\_\_ Sequestered in a room / \_\_\_\_ Fenced Yard

If in yard, what kind of fence? -- Chain link \_\_\_\_ / Privacy \_\_\_\_ / *Invisible* fence \_\_\_\_

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

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

## **DAILY SCHEDULE**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the **DIFFERENCES** in a typical **weekend day** in your dog's life (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 / \_\_\_\_ fenced yard / \_\_\_\_ on leash / \_\_\_\_ dog park / \_\_\_\_ kennel run/  
\_\_\_\_ electric/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 play style(s) you observe: (wrestling, mounting, mouth playing, chase games, etc.)

\_\_\_\_\_

What methods / games / toys do you use to **mentally stimulate** your dog?

\_\_\_\_\_

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

\_\_\_\_\_

How much time per day does your dog get to **run** (not walk)? \_\_\_\_\_

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

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

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

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

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

Is your dog crate trained? Y / N --- plastic/nylon crate \_\_\_\_\_ **OR** wire 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? more / less / same

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

Is your dog house-trained? Y / N Using what methods did you house train you dog?

\_\_\_\_\_

If not house-trained, describe the occasions/locations your dog eliminates in the home:

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

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

Does your dog ever have elimination 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 ever used on your dog (please check **all** that apply):

\_\_\_\_ Buckle collar / \_\_\_\_ Martingale / limited slip collar / \_\_\_\_ Body harness /

\_\_\_\_ No-pull harness / \_\_\_\_ Prong/Pinch collar / \_\_\_\_ Head halter (Gentle leader/Halti) /

\_\_\_\_ Chain Training Collar / \_\_\_\_ Electronic Collar / \_\_\_\_ Other - specify \_\_\_\_\_

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

Has your dog had any training? (circle ALL that apply) No training / trained at home /  
started class, didn't finish / finished one class- where? \_\_\_\_\_ /

finished two or more levels of class - **WHERE?** \_\_\_\_\_ /

private, in-home trainer - **WHOM?** \_\_\_\_\_ /

If s/he went to board-n-train, which trainer did you use? \_\_\_\_\_

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

Please specify **ALL the method(s)** of training used: Balanced - corrections & rewards /  
electronic collar / positive reinforcement & food or play rewards / other? \_\_\_\_\_

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

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

Please grade the following cues based on reliability (DECENT = between 95% and 50%), (GREAT = 95% reliable ), (IMPROVING = Less than 50% ): Recall (Come) \_\_\_\_\_/ Leash Walk w/o Pulling \_\_\_\_\_/ Sit \_\_\_\_\_/ Stay \_\_\_\_\_/ Leave It \_\_\_\_\_/ Down (Lie) \_\_\_\_\_/ Drop it \_\_\_\_\_/ Heel \_\_\_\_\_/ Other? \_\_\_\_\_

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

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

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

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

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

## **DIET / FEEDING**

What do you feed your dog (cooked, raw, kibble, canned/wet ?): \_\_\_\_\_

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

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

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

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

Does your dog get treats? (Mark one) Y / N How many treats per day? \_\_\_\_\_

Who usually feeds your dog? \_\_\_\_\_ Who usually gives your dog treats? \_\_\_\_\_

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

What is your dog's favorite food treat? (be specific) \_\_\_\_\_

## **MEDICAL / HEALTH HISTORY**

Does your dog have ANY previous or current medical condition or health issue, no matter how minor it seems? Y / N 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 describe:

\_\_\_\_\_

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

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

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

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

What was the date of your dog's last full veterinary physical exam? \_\_\_\_\_

### **BEHAVIORAL HISTORY**

When your dog eats dog **food from her food bowl**, describe how he would act if :

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

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

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

If your dog has **long-lasting food treats** (like a **chew** or **pig ear**), how does she act if:

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

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

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

If your dog has a **TOY** in her grasp or on her bed, how does she act if:

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

You reached for the toy? \_\_\_\_\_

You picked up the toy? \_\_\_\_\_

How does your dog react to someone knocking or ringing at your door? Please explain in  
detail: \_\_\_\_\_

What do you do with your dog when **unexpected** visitors knock on your **door** (e.g.,  
UPS, plumber, etc.) ? \_\_\_\_\_

How does your dog act when a known person enters the home? \_\_\_\_\_

Does your dog **jump up** on you or others **without** permission? You / Others / No one

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 or urinate** in anyone's presence? Y / N If yes, please describe: \_\_\_\_\_

Does your dog **slowly turn belly up** in anyone's presence? Y / N If yes, please describe when:

\_\_\_\_\_

Describe how your dog behaves while you are preparing to leave home? \_\_\_\_\_

\_\_\_\_\_

Describe how your dog reacts when you return home? \_\_\_\_\_

\_\_\_\_\_

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

If yes, please specify to what: (thunderstorms, loud noises – specify which ones, shadows, reflected lights, etc.). \_\_\_\_\_

\_\_\_\_\_

What experiences make your dog show discomfort? \_\_\_\_\_

\_\_\_\_\_



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 ISSUE(S):**

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

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How frequently does the problem occur (how many times daily, weekly, or monthly)?

\_\_\_\_\_ When did this become a concern? \_\_\_\_\_

How serious a problem do you consider these behaviors to be?

High priority (very serious) / Medium priority (serious) / Low priority

What things have you done so far to correct the problem(s) ? \_\_\_\_\_

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Has the problem changed in intensity or frequency? \_\_\_\_\_

Please **describe in detail** a few examples of the problems you observe. Describe what actions you saw (i.e., 'his teeth were bared, tail was tucked' not 'he was aggressive':

Most recent incident. (Date - \_\_\_\_\_) (Please use more pages if necessary)

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

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

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**ISSUE 2:** \_\_\_\_\_

How frequently does the problem occur (how many times daily, weekly, or monthly)?

\_\_\_\_\_ When did this become a concern? \_\_\_\_\_

How serious a problem do you consider these behaviors to be?

High priority (very serious) / Medium priority (serious) / Low priority

What things have you done so far to correct the problem(s) ? \_\_\_\_\_

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Has the problem changed in intensity or frequency? \_\_\_\_\_

An example of the behavior you've observed. (Date - \_\_\_\_\_) \_\_\_\_\_

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**ISSUE 3:** \_\_\_\_\_

How frequently does the problem occur (how many times daily, weekly, or monthly)?

\_\_\_\_\_ When did this become a concern? \_\_\_\_\_

How serious a problem do you consider these behaviors to be?

High priority (very serious) / Medium priority (serious) / Low priority

What things have you done so far to correct the problem(s) ? \_\_\_\_\_

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Has the problem changed in intensity or frequency? \_\_\_\_\_

An example of the behavior you've observed. (Date - \_\_\_\_\_) \_\_\_\_\_

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**ISSUE 4:** \_\_\_\_\_

How frequently does the problem occur (how many times daily, weekly, or monthly)?

\_\_\_\_\_ When did this become a concern? \_\_\_\_\_

How serious a problem do you consider these behaviors to be?

High priority (very serious) / Medium priority (serious) / Low priority

What things have you done so far to correct the problem(s) ? \_\_\_\_\_

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Has the problem changed in intensity or frequency? \_\_\_\_\_

An example of the behavior you've observed. (Date - \_\_\_\_\_) \_\_\_\_\_

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

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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: \_\_\_\_\_

AGREEMENTS:

I (undersigned owner, name printed), \_\_\_\_\_, have read, understand, and acknowledge the following provisions.

I (undersigned owner) 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) and to discuss, if necessary, my dog's behavior with my veterinarian and/or clinic/office staff.

Please Initial: \_\_\_\_\_

I hereby certify that dog, the subject of this history, has all required vaccinations, and that rabies and other vaccinations are current in accord with the requirement(s) of his/her resident municipality and of New York state.

Please Initial: \_\_\_\_\_

I (undersigned owner) 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 (undersigned owner) hereby give permission to Leigh Sansone, CPDT, for Ruff Customers, to discuss, if necessary, my dog's behavior with any previous pet trainers I have used.

Please Initial: \_\_\_\_\_

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 of the subject dog, 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, Leigh Sansone, or any staff or other 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.

AGREEMENTS, continued:

Ruff Customers is a small, customer-service oriented and appointment-driven business which gives personal attention to each and every client. We rely on clients keeping scheduled appointments or giving ample time for rescheduling. Accordingly, Ruff Customers/ Trainer request that, as a courtesy, any cancellation or rescheduling of a scheduled appointment must be made before the 48 hours (two days) preceding the scheduled appointment start time. If I (undersigned owner) cancel an appointment any time before the 48 hours preceding the scheduled appointment, I will not incur any penalty. If I (undersigned owner) cancel or request to reschedule my appointment within 48 hours of the appointment, I understand that Trainer will have the discretion to charge me for the full cost of the appointment or a portion thereof. I (undersigned owner) understand and acknowledge that any cancellation or rescheduling of a scheduled appointment which I request within 24 hours before the scheduled appointment will incur a penalty of full payment of the session. Trainer acknowledges that unavoidable emergencies do happen and, accordingly, reserves the right to exercise leniency with regard to the amount of penalty incurred when, in her sole judgment, a rescheduling request deserves such consideration; cancellations incur full penalties as described above.

I (undersigned owner) understand and acknowledge that 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, I (undersigned owner) understand the Trainer cannot guarantee the compliance of the undersigned owner(s) 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 dangerously aggressive in the Trainer's professional opinion. Trainer reserves the option to refer dangerously aggressing dogs to other (medical) professionals in the field of Dog Training and Behavior, as individual cases may require.

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

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



Leigh Sansone, PMCT, CPDT-KA, for Ruff Customers Dog Training

