

INFORMATION GATHERING FORM

Dog's Name:

Age: Sex:

Breed (or presumed mix):

Date of birth (if known):

Place of origin (breeder, shelter, private individual, etc.):

How long has he/she been living with you?

Who is mainly responsible for the dog?

Medical History:

- * Is the dog spayed/neutered? (Yes/No/I don't know)
- * If yes, when?
- * Has he/she had significant health problems in the past? (Yes/No)
- * If yes, what?
- * Does he/she take any medication regularly? (Yes/No)
- * If yes, which and what for?
- * Is he/she up to date with vaccinations and antiparasitic treatments? (Yes/No/I don't know)
- * Does he/she have hearing or vision problems? (Yes/No/I don't know)

Environment and Daily Routine:

- * Where does the dog mainly live? (Indoors, outdoors, both)
- * How long is he/she left alone each day?
- * Where is he/she when left alone?
- * How many walks does he/she have a day?
- * How long do the walks last on average?
- * Where is he/she taken for walks (leash, dog area, etc.)?
- * Who does the dog interact with regularly (people, other animals)?
- * Where does the dog sleep?
- * How would you describe the dog's level of physical activity? (Low, moderate, high)
- * Does he/she have access to toys and environmental enrichment activities? (Yes/No)
- * If yes, which?

Behaviors:

For each behavior, specify the frequency (never, rarely, sometimes, often, always) and in which situations it occurs.

Aggressiveness:

- * Towards people (family members, strangers, children)

- * Towards other dogs (known, unknown)
- * Towards other animals (cats, small animals)
- * Resource guarding (food, toys, spaces, people)
- * In specific situations (veterinarian, grooming, when touched in a certain way)

Fear and Anxiety:

- * Fear of loud noises (thunder, fireworks, vacuum cleaner)
- * Fear of specific people or objects
- * Separation anxiety (when left alone)
- * Destructive behaviors (when alone or in general)
- * Excessive vocalizations (barking, whining, howling)
- * Trembling, excessive salivation, hyperventilation
- * Hiding or escaping

Elimination behaviors:

- * Eliminates in the house (when and where)?
- * Has difficulty holding urine or feces?
- * Marks territory in the house?

Attention-seeking behaviors:

- * Whines or barks for attention
- * Jumps on people
- * Nudges with snout or paw
- * Steals objects

Compulsive/Repetitive Behaviors:

- * Tail chasing
- * Excessive licking
- * Chewing non-edible objects
- * Pacing back and forth

Leash Behavior:

- * Pulls on the leash?
- * Reacts to other dogs or people?
- * Is afraid to go out?

Interaction with people:

- * Is he/she friendly with everyone?
- * Has preferences for certain people?
- * How does he/she react to strangers?
- * How does he/she interact with children?
- * Interaction with other animals:
- * How does he/she behave with other dogs in the house?

- * How does he/she behave with other dogs outside the house?
- * How does he/she behave with other types of animals?

Play:

- * Does he/she like to play?
- * What kind of games does he/she prefer?
- * How does he/she behave during play (mouthy, excited)?

Eating Habits:

- * What does he/she eat?
- * What time does he/she eat?
- * Does he/she eat only when no one is around or only in the presence of someone?
- * Does he/she always eat everything or leave some?
- * Does he/she eat voraciously or chew calmly?

Sleep:

- * Does he/she sleep normally?
- * Does he/she have restless sleep?
- * Does he/she wake up easily?

Recent Changes:

- * Have there been any recent changes in the home environment (moving, new family members, new animals)?
- * Have there been any changes in the daily routine?
- * When did the problematic behaviors start?
- * Was there a specific triggering event?

Attempts to Solve:

- * Have you already tried to modify these behaviors? (Yes/No)
- * If yes, what methods have you used and with what result?
- * Have you consulted other professionals (veterinarians, dog trainers)? (Yes/No)
- * If yes, what were their diagnoses or recommendations?

Objectives:

- * What behaviors would you like to change or improve in your dog?
- * What are your long-term goals for your dog's behavior?

* Other Useful Information:

- * Is there anything else you consider important to know about your dog's behavior?

