

Thank you for choosing New Vistas K9. We are delighted to assist you and your pups! Please complete the following questionnaire.

Date: _____
Name(s): _____
Address: _____
City/State/Zip Code _____

Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email Address: _____

For all dog training sessions/classes/privates offered by New Vistas K9.

1. I understand and agree with New Vistas K9, its instructors and assistants are providing a service to my dog and me and that they are assisting us in good faith. I further agree that they have provided facilities and equipment in good faith and those reasonable precautions have been taken to provide a safe environment for dog training.
2. I agree to hold harmless New Vistas K9, its instructors and assistants, for any injury that may come to my dog or me as a result of our participation in dog training, private lessons and classes sponsored by New Vistas K9.

Participant's Signature / Type Name	Participant's Name	Date
Dog Name: _____	Sex: M F Neutered	Spayed
Breed(S) / Color(S): _____	Age: _____	Age Acquired: _____
Medical Condition(S) Past / Present: _____		
Heartworm Medication: _____	Date Given Each Month: _____	
Veterinarian/Hospital: _____	Phone: _____	Last Visit: _____

BEHAVIOR ISSUES: (check all that apply)

- | | | | | |
|--|--|--|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Soils House | <input type="checkbox"/> Jumps up | <input type="checkbox"/> People Aggressive | <input type="checkbox"/> Runs Away | <input type="checkbox"/> Shies |
| <input type="checkbox"/> Chews | <input type="checkbox"/> Hyper-Active | <input type="checkbox"/> Dog Aggressive / Fights | <input type="checkbox"/> Doesn't Obey | <input type="checkbox"/> Escapes |
| <input type="checkbox"/> Barges Doorways | <input type="checkbox"/> Pulls Leash | <input type="checkbox"/> Bites | <input type="checkbox"/> Chases Cars | <input type="checkbox"/> Digs |
| <input type="checkbox"/> Excessive Barking | <input type="checkbox"/> House Manners | <input type="checkbox"/> Possessive (food/toy) | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

How did you hear about New Vistas K9? _____

What goals do you want to achieve with your dog? _____

Has your dog had previous training? What type? _____

Describe your Household / Family make-up: _____

Are there children in your home OR that visit? Y / N _____

Describe an average daily routine with your dog: _____

HISTORY:

Is this your first dog? Y / N

Where did you get your dog? _____

Why did you get a dog? _____

What do you like most about your dog? _____

What do you like least about your dog? _____

Do you own any other pets? Y / N

NAME, TYPE, BREED: _____	AGE: _____	SEX: <input type="checkbox"/> M / <input type="checkbox"/> F
NAME, TYPE, BREED: _____	AGE: _____	SEX: <input type="checkbox"/> M / <input type="checkbox"/> F
NAME, TYPE, BREED: _____	AGE: _____	SEX: <input type="checkbox"/> M / <input type="checkbox"/> F
NAME, TYPE, BREED: _____	AGE: _____	SEX: <input type="checkbox"/> M / <input type="checkbox"/> F

What brand of dog food do you feed your dog? How much / How often? _____

Who feeds your dog? _____

Where is your dog fed? _____

What treats does your dog like? _____ How often do you treat? _____

Is your dog given food scraps? _____

Where are the dog toys kept? _____

Is your dog crate trained? Y / N

Does your dog exhibit aggression around the crate? Y / N

Where is the crate kept? _____

How does your dog feel about the crate? Love Hate Tolerate Destroy

Where is your dog kept when you are not home? _____

Where does your dog sleep...?

At night? _____ During the day? _____

How much time does your dog spend alone each day? _____

How much time does your dog spend outside each day? _____

Do you have a dog door? Y / N

Do you have a fenced yard? Y / N

Do you have a doghouse? Y / N

Is your dog allowed on furniture / in bed(s)? Y / N

Have you ever or do you currently use the physical alpha role? Y / N

What type of exercise does your dog get? How often? _____

Where / Who does your dog stay with when you go out of town? _____

How does your dog respond to grooming? Love Hate Tolerate

Who grooms your dog? _____

Do YOU or YOUR DOG have any physical limitations or handicaps? Please explain: _____

What situations/people/dogs does your dog dislike? _____

Does your dog prefer (*check all that apply*):

Men Women Adults Kids Male dogs Female dogs

Has your dog ever urinated on you or other members of your immediate family? Y / N

Who? _____

Has your dog ever growled at you or other members of your immediate family? Y / N

Who? _____

Has your dog ever snapped at or bitten you or other members of your immediate family? Y / N

Who? _____

Has your dog ever snapped at or bitten visitors? Y / N Strangers? Y / N

*** if so, please attach a timeline and brief description of bites and situations***

Does your dog have any fears or sensitivities? If so, please explain. _____

How do you respond to and correct unwanted behaviors? _____

Additional comments:

Personal History and Daily Environment

The daily environment, the hit list, and the stage all help us with systemic analysis to think about the incidents more clearly and clinically. These allow us to evaluate the contexts in which aggression occurs so we can avoid or be ready for these instances. We also set up an environment carefully so you can show the dog how you want him to behave (manufacture reinforceable behavior).

PART 1: DAILY ENVIRONMENT

List the People in the house with gender and age

List Pets in the house with gender and age

Does the dog have specific problems with any one of the above? If so, please describe the most severe/recent incident.

Please describe any changes in the household

Where do you live? _____

When your dog barks, what do you say and do? _____

When do you feed your dog? _____

Describe a typical day for your dog

When you take your dog out to potty? Leash? Doggie door? Waits by the door? other?

When do you walk your dog? _____

When do you do training? _____

	Y	N	N/A
Do you have many visitors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you leave your dog in the yard unsupervised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your dog chase the fence with neighbor dogs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your dog get sufficient exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your dog contained in a fenced yard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a tie out? <input type="checkbox"/> Y <input type="checkbox"/> N	Walked on a leash <input type="checkbox"/> Y <input type="checkbox"/> N		
	Unleashed and unsupervised? <input type="checkbox"/> Y <input type="checkbox"/> N		

Describe any health issues, recent behavioral changes, and/or any recent injuries or surgeries?

	Y	N	N/A
Ear Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lethargic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes in weight or appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior occurs when you are handling, petting, or moving the dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal History and Daily Environment

List any training done by you (group, private classes, other)

What formal training do you use daily? Grade the following as:

	Very Reliable (95% or better)	Sort of Reliable (Better than 50%)	Unreliable (Less than 50%)
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk on loose leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leave it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drop it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retrieve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal History and Daily Environment

PART 2: THE HIT LIST

Target Behavior
Uncontrollable barking and agitation when the doorbell rings
Dog alerts and lunges at other dogs

Desired Behavior
One or two barks, then the dog immediately quiets and becomes calm when I say "quiet"
Dog looks at you for advice

Share up to 5 target behaviors and desired behaviors.

<u>Target Behavior</u>	<u>Desired Behavior</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For each item on the Hit List that you provided, use answer the following questions in the box below.

1. How long has the target behavior been occurring?
2. At what age was the target behavior first observed?
3. Has the intensity of the target behavior increased since first observed?
4. Is the behavior predictable?
5. Can you interrupt the behavior verbally?
6. How difficult is it to interrupt the behavior?
7. List no more than 3 ways you have attempted to interrupt the behavior and the results of each.
8. Do you think you may have contributed to the problem? Please list how?
9. Describe the extent of each of the following:
10. Does the behavior result in:
 - a. Display?
 - b. Threatening behavior?
 - c. Inhibited bites? (felt the dog bite, but no marks or bruises)
 - d. Injury? Describe the location and extent of any marks, bruises, punctures, tears, etc. that occurred from the dog's teeth on human skin. (helps determine bite inhibition) You may also note any damage done by claws but note that the damage was not from the teeth.
11. Expectations: How much improvement will it take to make the target behavior acceptable to you and your family? (Please be realistic and flexible)

You might misjudge this at this point and find out, once the behavior begins to improve, that you can live with less improvement than you originally thought. Conversely you may discover that the 50% improvement you thought would be okay is just not working out.

Personal History and Daily Environment

PART 3: STAGE

This is where the target behavior is played out. The details of the stage tell the story of each incident. This is valuable information which ultimately becomes the primary tool to determine which protocols will be utilized. It will provide you with a list of “triggers” or precursors of the behavior so you can be proactive and know which kinds of people, places, and or things you need to manage. This will tell you what frustrates your dog and causes conflict and arousal.

Select one incident, and describe in the box below:

1. Approximate Date
2. Location
3. Who was present?
4. What was happening just **before** this incident occurred?
5. What did your dog look like just **before** the incident occurred? Describe Eyes, Ears, Tail and Other Body Postures?
6. Describe the incident.
7. What did the dog look like **during** the incident?
8. What happened immediately after? Was the dog punished or contained? If so, how?

FIVE FAVORITES

List your dog's five favorite people, places, toys, games, treats, and petting spots in order from most favorite to least favorite. It is important to also list your dog's dislikes.

PEOPLE: Please do not list you, your family, we know they like you!

1. _____
2. _____
3. _____
4. _____
5. _____

TOYS

1. _____
2. _____
3. _____
4. _____
5. _____

TREATS

1. _____
2. _____
3. _____
4. _____
5. _____

DISLIKES

1. _____
2. _____
3. _____
4. _____
5. _____

PLACES: Please do not list your home, we know your dog likes your home!

1. _____
2. _____
3. _____
4. _____
5. _____

GAMES

1. _____
2. _____
3. _____
4. _____
5. _____

PETTING SPOTS

1. _____
2. _____
3. _____
4. _____
5. _____

CANINE BEHAVIORAL PROFILE

Indicate your perception of your dog as a family pet by putting an X between each pair of words that best describes your dog and do so quickly without stopping to analyze your answers. The first response that comes to mind is undoubtedly the best.

For example, the response for the first pair of words: Column A would indicate VERY touch insensitive. Column B would indicate FAIRLY touch insensitive. Column C would indicate FAIRLY sensitive. Column D would indicate VERY sensitive.

	A	B	C	D	
touch insensitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	touch sensitive
bold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hesitant
demanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	giving
voice insensitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	voice sensitive
independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	dependent
leads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	follows
spontaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	disciplined
excitable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	calm
dominant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	submissive
controlling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	controllable
frustrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	satisfying
overwhelming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	laid back
relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tense
confronting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	avoiding
playful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	boring
driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	coasting
willful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	compliant
competitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	uncompetitive
assertive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	passive
frustrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	satisfying
quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	noisy
annoying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	likeable
mild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	intense
people friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	not people friendly
outgoing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	clingy
bold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nervous
cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sad
threatening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	comforting
self-assured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anxious
steadfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	shaky