



Date:

# Dog History Form

Please return this filled in form to: [dreamlike4paws@icloud.com](mailto:dreamlike4paws@icloud.com)  
**at least 48 hours before** the initial virtual/phone consult.

## **DOG PARENT INFORMATION**

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Name: .....  
Address: .....  
Phone: .....  
Email: .....  
How have you heard about us? .....

## **REGULAR VETERINARIAN (We might send a report to your veterinarian)**

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Clinic: .....  
Veterinarian: .....  
Address: .....  
Phone: .....  
Email: .....  
Who referred you? .....  
Address: .....  
Phone: .....

## **YOUR DOG'S DETAILS & HEALTH**

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Name: .....  
Breed: .....  
Date of Birth: .....  
Weight: .....  
Age: .....  
Sex: Male / Female  
My dog has been vaccinated against & I can proof that it's up to date:  
Rabies: Yes / No -> vaccination date: .....  
Parvovirus: Yes / No -> vaccination date: .....  
Are they spayed / neutered / intact?  
What was the reason for desexing/not desexing? .....  
Does the dog have regular veterinary check-ups? If **yes**, how often? .....



Is your dog completely physically healthy according to the veterinarian?  
Yes/No. If **no**, please explain: .....

Does your dog have any medical conditions? Yes / No. If **yes**, please explain: .....

Is your dog currently on any medications/ regular treatment? Yes / No. If **yes**, please explain: .....

What time(s) of the day do you feed your dog? .....

What do you feed your dog? .....

Describe your dog's eating habits? .....

Has your dog's diet changed recently? If **yes**, please describe: .....

Does your dog have any regular food treats? If **yes**, please describe (type/ brand, amount, sizes ...): .....

Does your dog have any known food allergies? If **yes**, please describe (allergies, symptoms ...): .....

Where does your dog sleep during the day? .....

Where does your dog sleep at night? .....

Where does your dog eat? .....

Have there been any environmental changes in the last three months, six months, and year? (consider house moves or additions to the household including other animals and children):

Past 3 months: .....

Past 6 months: .....

Past year: .....

## PROBLEM BEHAVIORS

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What are the 3 main issues you experience with your pet in order of priority?

1. ....
2. ....
3. ....

What is the problem that has made you contact me? .....

How would you describe the severity of the problem? Mild / Moderate / Severe

How would you describe the frequency of the problem? Rare/Often/ Frequent

Any noticeable change in severity? .....

Any noticeable change in frequency? .....

Have you considered Euthanasia/Rehoming your dog? .....

When did the problem begin? .....

How old was your dog when the problem begun? .....

Please subjectively rate your perception of the main behavior problem:

1. not serious: I am just curious about the behavior
2. nuisance but tolerable
3. serious but I would keep my dog if the behavior persists
4. not tolerable: I may re-home my dog if the behavior persists
5. not tolerable: I may euthanize my dog if the behavior persists

How does your dog generally behave at home? Please explain: .....

Is your dog happy to be left alone? Yes/ No. For how long? Please describe (also include if they chew things, toilet in the house, ...): .....

## PREVIOUS HISTORY (BEHAVIOR)

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How often do you walk your dog and how long for? .....

Where is the dog walked? (undergrounds, types of places, ...) .....

What does the walk look like? .....

What walking equipment is used? .....

Does your dog free-run regular? Please explain: (amount, where, ...): .....

Does the dog take part in any other exercise activities? If **yes**, please describe: .....

What have you tried in the past to help the problem behavior? .....

How does your dog react when he see's unfamiliar people?

Growls, Bites, avoids, humps, excited, jumps , friendly

Please circle all that may apply

How does your dog react when he see's unfamiliar dogs?

Growls, Bites, avoids, humps, excited, jumps , friendly

Please circle all that may apply

Has your dog bitten? Yes / No

How many times? .....

Has your dog broken skin with a bite? Yes / No

How many times? .....

If yes, please describe the incident(s): .....

## **PREVIOUS HISTORY (TRAINING)**

*This area is important because it tells us about your dog's prior learning experiences. It is vital that your responses are honest and provides as much detail as possible, as it will help us to better understand your dog as we move forward.*

What kind of training has your dog had? .....

Who trains your dog and how often? .....

Has your dog ever received any formal training? Please explain: .....

What type of training is used? (example: treat training or punishment). Please explain: .....

What has your dog learned so far? .....

Has anyone else outside of the home been involved with the dog's training? If **yes**, please describe: .....

What training equipment is used with the dog? (example: any specific collars or clicker/whistle, ...):

**PREVIOUS HISTORY (FAMILY)**

How old was your dog when you acquired it?

Where did you get your dog from?

Has your dog had previous owners? Yes / No. Why and how many?

Why did you decide to get a dog?

Do you have any information about relatives of your dog?

Why did you choose this breed or crossbreed or type of dog?

Have you owned other dogs before? Yes / No. How many?

What happened to them?

**DESCRIBE YOUR FAMILY**

Person	M/F	Age	Occupation	Time away from home daily

In your own words describe the family dynamic in relationship to your dog(s)...

[Large empty text area for describing family dynamics]



## OTHER PETS

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Name	Species/ Breed	Sex	Age	When did you get them

In your own words describe the relationship of your dog and your other pets...

Is there anything else you think may be relevant to your dog that we may need to know?

*With sending this from back to dreamlike4paws you agree to the Terms and Conditions as stated on the website.*

**Thank you!**