## Please tell us about your dog's behavior

Today's date:// Client's name:		
Dog's name:	Dog's date of birth:/ Is this birth date $\Box$	estimated? □ known?
Dog's breed:	Dog's sex: □ M □ MC □ F □ FS Age at adoption:	_ □ weeks □ months
s your dog house trained: ☐ Yes ☐ No		
		Yes No
Do you have any worries, complaints, or problems w	vith urination in the house now?	
Do you have any worries, complaints, or problems w	vith defecation in the house now?	
Does your dog experience periodic bouts of diarrhe	a?	
Does your dog destroy anything (for example, doors	s, windows, sofas, shoes, or other objects)?	
Does your dog mouth anything or anyone?		
Does your dog make any sounds that worry you?		
Does your dog growl, bark, snarl, or bite?		
Does your dog pull on the lead or do other things th	nat make it hard for you to walk with a leash?	
Have you ever worried that your dog is aggressive to	o people?	
Have you ever worried that your dog is aggressive to	o other dogs?	
Have you ever worried that your dog is aggressive to animals other than dogs?		
Has your dog ever bitten anyone, regardless of the circumstances?		
Have your dog's sleeping habits changed?		
Have your dog's eating habits changed?		
Has your dog's ability to move around or jump on th	ne bed changed?	
Has anyone ever told you that they were afraid of yo	our dog?	
Is your dog behaving in any way that worries you or about which you would like more information?		

You are taking the best care of your best friend: Your veterinary practice is accredited by the American Animal Hospital Association. Unlike human hospitals, veterinary practices are not required to be accredited. Your veterinary team volunteered to be evaluated on about 900 standards of veterinary excellence in order to become accredited. AAHA-accredited practices are recognized among the finest in the profession and are consistently at the forefront of advanced veterinary medicine.

