



Dog: _____ Patient ID: _____ Client: _____ Date: _____

1. What, if any, experiences has your dog had with other pets? Any incidents of concern that may affect their behavior?

2. Has your dog been to any dog parks, boarding or day care facilities? If so, how did your dog react?

3. Is there any size/temperament/breed of dog that your dog prefers or dislikes?

4. Has your dog spent any length of time away from you? if so, how did they react?

5. Does your dog have any petting sensitivities?

6. Is your dog comfortable if people touch his neck or collar?

7. Does your dog's behavior change when on leash vs. off leash?

8. Does your dog have any health issues that may effect playing or behavior (pain, sensitivites, recent surgeries, etc)?

9. How does your dog like to play (wrestling, chasing, etc.)?

10. Are there any other behavioral issues we should be aware of?

Client Signature: _____



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11. Assess dog in kennel (body language, reactions to your presence)

12. Perform test touch (gently touch collar, neck, paws, tail) after reviewing #5-8)

13. Take dog to yard and note comfort level and behaviors prior to introducing more dogs

14. Add a dog to yard. Note initial reactions and play style/ energy level of introduced dog (small playful, big calm, etc)

15. After introducing additional dogs, note any behavior changes. include types of dogs

16. Describe eval dogs playstyle (vocalizations, bowing, snapping, etc.)

17. Describe eval dogs reaction to corrections from staff and other dogs

GROUP ELIGIBLE?

RECOMMENDED GROUPS:

RECOMMENDED REEVALUATION?

INITIAL TYPE OF GROUP DOG INTRODUCED?

LAST TYPE OF DOG INTRODUCED?

NOTES:

Evaluators Name & Signature: _____