

# Behavioral Profile and History – Dog

### This form must be filled out by the owner and submitted to the HABIC office with the Medical Evaluation Form

**Owner’s Name:**

**Mailing Address:**

**Home Telephone:**

**Work Telephone:**

**Dog’s Name:**

**Year of Dogs’s Birth:**

**Sex:**  M  F

**Neutered:**  Yes  No

**Breed:**

1. How old was your dog when you acquired him/her?

2. Where did you get your dog?

3. Have you or anyone else ever taken this dog to a nursing home, hospital, mental health facility, etc.?  Yes  No

If “Yes,” please describe where and how often, and how the dog behaved in that situation.

4. Has your dog had experience with children?  Yes  No

a. If “Yes,” please describe ages of children.

b. What was you dog’s response to children of various ages?

5. Has your dog ever exhibited any aversion to, or aggression toward any person (e.g., physically impaired, physical characteristics)?  Yes  No

If “Yes,” please describe:

6. How does your dog respond to its veterinarian?

7. How does your dog respond to other dogs/cats?

8. Has the dog been to obedience school?  Yes  No

a. If “Yes,” was it for group or private lessons?  Group  Private

b. Age when dog started obedience school:

c. Does the dog have any obedience titles? If “Yes,” please list:

d. What commands does the dog know? Please circle all that apply.

Sit  stay  lie down  come  other (please explain)

9. Does your dog let you trim its toenails?  Yes  No

a. If “Yes,” describe how it behaves during this procedure.

10. Can you give your dog a bath?  Yes  No

If “Yes,’ describe how it behaves during this procedure.

11. Do you ever hug or kiss your dog?  Yes  No

If “Yes,” how does it act?

12. Has your dog ever growled at anyone?  Yes  No

If “Yes,” what were the circumstances?

13. Has your dog ever nipped or bitten anyone, even during play?  Yes  No

If “Yes,” what were the circumstances?

14. Is there anything else we should know about your dog? (i.e. activity which triggers a response)

###### Return this form along with your Application For Membership to:

HABIC - Colorado State University

School of Social Work

1586 Campus Delivery

Fort Collins, CO 80523

When this form and the Application Form are received, you will be contacted for an appointment for the Human-Animal Team Evaluation.