

ANIMAL EMERGENCY & REFERRAL ASSOCIATES

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Date: _____

Client's name: _____

Pet's name: _____ Pet's age: _____

Pet's breed _____

Pet's sex: M F (circle one) Neutered/spayed? _____

Phone number (home): _____ (work) _____

How can the behavior service contact you during the day to check in on your pet?

Primary phone : _____ Secondary phone : _____

Email _____

AGGRESSION TOWARDS A TODDLER/CHILD HISTORY FORM

1. Please list the name and ages of all children living in your home.

Name of Child				
Age of child				
Hours away from home				

2. Please list all dogs who live in your home.

	Dog 1	Dog 2	Dog 3
Name:			
Age Now:			
Breed:			
Gender:			
Age when obtained:			
Neutered/spayed:			

3. To which child (children) is the aggression directed?

4. How long ago did the aggression start? (aggression = growl, lip lift, baring teeth, snapping, biting)

5. Did the aggression start when your child: (please check your answer).

- Started to crawl
- Started to walk
- Prior to either of these
- Other (please explain) _____

6. Which of the following best characterizes your child's level of interest in the dog.

- My child is extremely interested in the dog and constantly wants to interact, follow, and or touch the dog.

- My child has a lot of interest in the dog at certain times and during those times it is difficult to redirect my child.

- My child has a moderate interest in the dog. He/She will try and approach the dog but with some effort, I can redirect my child.

- My child does not appear to be very interested but at times will try to interact/approach the dog (mild interest).

- My child has no interest in the dog.

7. Does your dog eagerly approach your child when your child has food?

- Yes No Sometimes

8. Does your dog ever eagerly approach your child in order to interact with your child when your child does not have food? Yes No

If yes, please list contexts in which your dog will eagerly approach your child _____

9. When your child starts to yell, scream, or cry what is your dog most likely to do? (Please check all that apply)

- Run up to sniff/lick the child
- Aggress at the child (aggress = growl, lip lift, snap, shows teeth, air snap, bite)
- Leave the room
- Pace and or pant
- Stays in the room but goes as far away from the child as possible within that room.
- Barks
- Change of body postures (ears, tail)
- Other (please explain) _____

10. When your child is very hyper and is running around or babbling excitedly, what is your dog most likely to do (please check all that apply)

- Run up to sniff/lick the child
 - Aggress at the child (aggress = growl, lip lift, snap, shows teeth, air snap, bite)
 - Leave the room
 - Pace and or pant
 - Stays in the room but goes as far away from the child as possible within that room.
 - Barks
 - Change of body postures (ears, tail)
 - Other (please explain) _____
-

11. When your child tries to move towards the dog while your dog is lying down or resting, what is your dog most likely to do/ (Please check all that apply).

- Run up to sniff/lick the child
 - Aggress at the child (aggress = growl, lip lift, snap, shows teeth, air snap, bite)
 - Leave the room
 - Pace and or pant
 - Stays in the room but goes as far away from the child as possible within that room.
 - Barks
 - Change of body postures (ears, tail)
 - Other (please explain) _____
-

12. When your child tries to move towards the dog while your dog is sitting or standing, what is your dog most likely to do/ (Please check all that apply).

- Run up to sniff/lick the child
 - Aggress at the child (aggress = growl, lip lift, snap, shows teeth, air snap, bite)
 - Leave the room
 - Pace and or pant
 - Stays in the room but goes as far away from the child as possible within that room.
 - Barks
 - Change of body postures (ears, tail)
 - Other (please explain) _____
-

13. Does your dog choose to spend time in the same rooms where you are spending time? Yes No

14. What are the most hectic times in your household during the day?

15. Where does your dog typically rest/nap during the day?

16. Where does your dog sleep at night?

17. When your family is all together in one room playing or watching tv, where is your dog likely to be.

18. If your child is playing in the center of the room quietly, does your dog take a wide berth around your child to get to another part of the room?

Yes No Sometimes Have not noticed/Do not know

19. What is your dog's favorite treats?

20. What are your dog's favorite toys/games?

21. Does your dog have separation anxiety?

Yes No Do Not Know

22. Does your dog show any food bowl or treat related aggression?

Yes No Do Not Know

23. Does your dog show any aggression when trying to remove an item from his mouth. Yes No Do Not Know

24. Does your dog show any aggression when you walk by him while eating or playing with a toy or eating a treat? Yes No Do Not Know

25. Please check all that apply to your child:

- My child has pulled my dog's tail, ears or other body parts
- My child has pushed on my dogs body to help push him/herself up
- My child will try and approach my dog while my dog is resting
- My child will approach the dog while my dog is eating his food or a treat
- My child will approach my dog while my dog is playing with a toy.

26. Where do you feed your dog?

27. Is your dog fed ad lib (food is down all the time) or in meals ?

28. Has your dog ever shown any aggression (growl, lip lift, snap, shows teeth, air snap, bite) to other children in the past?

Yes No Do Not Know

29. Is your dog allowed up on the furniture? Yes No Other

30. What are your dog's favorite toys/games?

31. What are your dog's favorite treats?

32. Other than the aggression shown towards your child, has your dog exhibited aggression to anyone else? Yes No

If yes, please explain:

33. Please check all of the words that you feel your dogs knows well:

- Sit
- Down
- Stay
- Wait
- Leave-it
- Drop-it
- Go to place/go to bed

34. Where did you get this dog? (Circle one):

Shelter Breeder Friend Pet Store
Stray Rescue Organization Other: _____

35. Describe your dog's behavior as a puppy?

36. Do you have any news about littermate's behavior? Yes No

If yes, please describe

37. Did you meet the parents? Yes No

If yes, please describe

38. Has this dog had any other owners? Yes No
If yes, how many?

39. How old was your dog the first time he/she growled at a person? _____

40. How old was your dog the first time he/she snapped at a person? _____
What was the circumstance?

41. Circle the response(s) your dog is most likely to show in the following contexts towards adults (strangers or familiar adults): GR = growl, SL = snarl, SB = snap/bite BK = bark If your dog has no reaction, simply skip that one.

Petting the dog while the dog is lying down:	GR	SL	SB	BK
Petting the dog while the dog is sitting:	GR	SL	SB	BK
Petting the dog while the dog is standing:	GR	SL	SB	BK
Hugging the dog:	GR	SL	SB	BK
Kissing the dog:	GR	SL	SB	BK
Lifting the dog:	GR	SL	SB	BK
Physically trying to remove the dog from the furniture:	GR	SL	SB	BK
Verbally trying to call the dog off the furniture:	GR	SL	SB	BK
Approaching the dog while the dog is on the furniture:	GR	SL	SB	BK
Disturbing the dog while resting/sleeping:	GR	SL	SB	BK
Approaching the dog while eating:	GR	SL	SB	BK
Touching the dog while eating:	GR	SL	SB	BK
Taking away dog food:	GR	SL	SB	BK
Taking away human food:	GR	SL	SB	BK
Taking away the water bowl:	GR	SL	SB	BK
Taking away a rawhide or real bone:	GR	SL	SB	BK
Taking away a cookie/biscuit:	GR	SL	SB	BK
Taking away an object/toy:	GR	SL	SB	BK
Approaching while the dog has any object/toy:	GR	SL	SB	BK
Verbally punishing the dog:	GR	SL	SB	BK
Physically punishing the dog:	GR	SL	SB	BK
Speaking to the dog in a normal tone:	GR	SL	SB	BK
Staring at the dog:	GR	SL	SB	BK
Bending over the dog:	GR	SL	SB	BK
Pushing on the dogs back or shoulders:	GR	SL	SB	BK
Person enters the room:	GR	SL	SB	BK
Person exits the room:	GR	SL	SB	BK
Reaching towards the dog:	GR	SL	SB	BK
Leash restraint:	GR	SL	SB	BK
Collar restraint:	GR	SL	SB	BK
Scruff restraint:	GR	SL	SB	BK
Put the leash on or off:	GR	SL	SB	BK
Put the collar on or off:	GR	SL	SB	BK

Bathe the dog:	GR	SL	SB	BK
Towel the dog:	GR	SL	SB	BK
Groom/brush the dog:	GR	SL	SB	BK
Leash/collar correction:	GR	SL	SB	BK
Trim nails:	GR	SL	SB	BK
Ask the dog to do a basic command (sit, down etc..):	GR	SL	SB	BK

42. Please draw a simple sketch of the floorplan of your house here:

43. Please list any other behavior problems your dog has:

44. Does your dog have any medical conditions? Yes No
If yes, please list the medical condition(s)

45. Is your dog on any medication now? Yes No

If yes, please list _____

46. Has your dog been on medication for the behavior problem? Yes No

If yes, please list _____

47. Is your dog on any herbal, homeopathic, or nutritional supplements? Yes No

If yes, please list _____

48. Please check the answer that best describes how you feel about the current situation:

- I am here only out of curiosity- the problem is not that serious.
- I would like to change the problem, but it is not serious.
- The problem is serious and I would like to change it, but if it remains unchanged, that is all right.
- The problem is serious and I would like to change it, but if it remains unchanged I will keep my dog.
- The problem is very serious and I would like to change it; if it remains unchanged I will have to consider finding another home for him/her or euthanizing him/her.

49. Which statement(s) best represents how you feel about the use of medications for your pet's behavioral issue(s). Please check as many answer choices as you wish.

- I am strongly opposed to the use of psychoactive medication and simply will not use them.
- I will only use medication as an absolute last resort. I would rather try nutritional supplements, herbs, etc....first.
- I would rather not use medications to treat my pet's problems, but I am open to hearing about them along with nutritional, herbal etc.... options.
- I am open to any treatment option as long as it will help my pet.

End of questionnaire. Thank you! Please fax, email, or mail this form to Animal Emergency & Referral Associates. Contact information on page 1.