



# Canine Behavioral Profile Sheet

## Owner/Pet Information

Classes

Private Session

Home Session

Circle which option you are interested in

E-Mail Address: \_\_\_\_\_

Owner's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_

Spay or Neutered: Yes \_\_\_ No \_\_\_ Current Age \_\_\_\_\_ Age when you got your pet? \_\_\_\_\_

Veterinarian \_\_\_\_\_ Vet's Phone (\_\_\_\_\_) \_\_\_\_\_

Shot Dates: DHLPP \_\_\_\_\_ Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_

Daily home caretaker is: \_\_\_\_\_ sex \_\_\_\_\_ age \_\_\_\_\_

Living Arrangement: House \_\_\_ Apartment \_\_\_ Duplex \_\_\_ Condo \_\_\_ Mobile Home \_\_\_ Other \_\_\_\_\_

Is there anyone in the family who has medical issues? \_\_\_\_\_  
\_\_\_\_\_

Are there any disabilities within the household? If so please list. Deaf \_\_\_ Blind \_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_

Are there any close friends or family members who have medical issues or any disabilities? If so please list.  
\_\_\_\_\_

Number of Children & ages \_\_\_\_\_ Number of adults & ages \_\_\_\_\_

Daily exercise:  Fenced yard only  walks by caretaker  other, describe \_\_\_\_\_

Outings with caretaker  car rides, who \_\_\_\_\_  Parks, who \_\_\_\_\_ frequency \_\_\_\_\_

Daily Feeding: Number \_\_\_\_\_ By Whom \_\_\_\_\_ Approx. Time \_\_\_\_\_

Where is the dog kept:  In the house loose  In the house crated  In fenced yard  Hidden fence  In dog kennel

Tied outside  Other \_\_\_\_\_

**Health/Medical**

**Medication:** Past \_\_\_\_\_ Current \_\_\_\_\_

**Seizures:**      No      Yes, what type/frequency \_\_\_\_\_

**Heat Disease:**  No      Yes, what type/frequency \_\_\_\_\_

Check all applicable:  Blind    deaf    arthritis    Ear infection    teeth infections    spayed/neutered

Allergies, specify to what & medication \_\_\_\_\_

Other injuries, specify \_\_\_\_\_

Where did you get your dog?  Ad in paper    Breeder    Friend or relative    Pet Store    Stray    Shelter

Rescue  Other \_\_\_\_\_

What were the conditions of the pets previous habitat? \_\_\_\_\_

\_\_\_\_\_

Class being taken \_\_\_\_\_ Classes Completed \_\_\_\_\_

**Home/Professional Care**

**If Applicable, you would describe your pet's reaction to home grooming as: check all that apply.**

**Hygienes:** by home caretaker:  daily    weekly    monthly    brushed    bathed    trimmed

**How Do They Respond to Grooming:**

totally cooperative    uncooperative    wiggly    shy    nervous    tries to get away    bossy    aggressive/bites

Does your dog get groomed by a professional? Where and how often? \_\_\_\_\_

If Applicable, frequency of professional care monthly by:  Vet \_\_\_\_\_  Stylist \_\_\_\_\_  Kennel \_\_\_\_\_

You would describe your pet's reaction to Pet care Professionals (vets, stylist, kennel operators) as: Check all that apply

Friendly    Loving    Shy    Excited    Apprehensive    Passive    Nervous    Frighten    Aggressive/biting

If you checked any of the **BOLDED** items, what happened and how was it handled?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Social Behaviors**

Yes  No: Does dog respond to name when called?       Yes  No: Does dog respond to owner's directions?

How often does your dog come when called?     100%     75%     50%     25%     0%

Yes  No: Does dog urinate when approached?       Yes  No: Does dog indulge in self-mutilation?

Yes  No: Is dog housetrained?

Describe how dog reacts to strangers:     Friendly     **Suspicious**     **Shys Away**     **Frighten**     **Ignores**

**Excited**     **Barks**     **Jumps on them**     **Growls Bites**     **Men**     **Women**     **Other Dogs**

**If checked any BOLDED items, What happened and how did you handle it:**

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**Has your dog ever been in a fight with another dog?** If so, please describe how many times and the circumstances:

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**How does your dog react to:** Men \_\_\_\_\_ Women \_\_\_\_\_

Puppies \_\_\_\_\_ Being put on a leash \_\_\_\_\_

Being kenneled \_\_\_\_\_ Receiving treats around other dogs \_\_\_\_\_

**What things upset your dog?** \_\_\_\_\_

**How does your dog react to riding in the car?** \_\_\_\_\_

**How does your dog react to being left alone?** \_\_\_\_\_

**What bad habits does your dog have? Check all that apply:**

Barks/howls     Digs     Chews     Growls     Runs away     Jumps up     Get in the trash     Chases things  
 Bites     Wets     Begs     **Other** \_\_\_\_\_

**If checked any BOLDED items, What happened and how did you handle it:**

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## Nervous System Type

In Stress Situation (new situation, stranger, left alone, confined)  Wildly  Active  Poised  Assured  
 Withdrawn  Lethargic, stiff/shaking

## Highlights/Misc.

What type games are played? \_\_\_\_\_

Has dog ever bitten anyone?  No  Yes, specify \_\_\_\_\_

Who administered punishment \_\_\_\_\_ Type \_\_\_\_\_

## Final Evaluation

### Personality Type:

How would you describe your dog's personality? Check all that apply:

- Balanced  Extremely introverted  Introverted  Mildly Introverted  Extremely extroverted  Extroverted  
 Mildly extroverted  Shy  Friendly  Fearful  Happy  Aggressive  Playful  Nervous  
 Bored  Hyperactive  Loud  Annoying  Calm  Jealous  Submissive  Territorial  
 Finicky  Indifferent  Dominant  Possessive  Dependent

### Social Order:

- Dominant  Subordinate  Leader tendencies

### Reflexive Responses:

- Active Defense Reflexes:  flight  freeze  fight  
 Oral Oriented:  **barks**  **whines**  **chews**  licks  salivates excessively  sucks excessively  
 Freedom reflexive  
 Strong orienting tendencies  
 Strong chase tendencies

**If checked any BOLDED items, What happened and how did you handle it:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Behaviors:**

- Hyperkinetic tendency\_\_\_\_\_
- Phobic, specify fear\_\_\_\_\_
- Anxiety, Specify\_\_\_\_\_
- Psychotic tendencies, specify\_\_\_\_\_
- Antisocial, specify\_\_\_\_\_
- Others, specify\_\_\_\_\_

**Owner handing problems:**

- Poor Leader roles     Abusive     Over indulgence     Isolates the dog socially
- Inconsistent         Encourages aggressive tendcies
- Plays aggressive games, specify\_\_\_\_\_
- Feeds poor diet
- Rewards inappropriate behaviors, specify\_\_\_\_\_
- Other, specify\_\_\_\_\_

**Final Evaluation**

- General Physical exam requested                       Neurological exam requested
- Desensitization therapy                                   Counter-condition                       Establish leader-role relationship
- "Learn to earn" modification                           Jolly routine                                       Obedience train
- Reward appropriate behavior, ignore bad             Massage and /or T-touch therapy         Relieve tension
- Placement Therapy     Pressure Point                                       Socialization therapy
- Substitution therapy                                         Distraction Therapy                               Discontinue isolation
- Houstraining required                                       Decharge Therapy
- Substitute\_\_\_\_\_ Games/toys with\_\_\_\_\_
- Other \_\_\_\_\_





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## **Video Training Series Release Form**

For good and valuable consideration, the receipt of which is hereby acknowledged,

I hereby consent to the photographing of myself, my pet, and the recording of my voice and the use of these photographs and/or video recordings singularly or in conjunction with other photographs and/or video recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

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(Please print)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Signature of Legal Guardian (if under 18) \_\_\_\_\_