

Behavior Evaluation

Client ID:
Client Name:

Patient ID:
Name:

Previous Daycare/Dog Parks/Socialization

Previous Training

Commands Used

Health Concerns

Aggression (dominant/fear/territorial/predatory/interdog/pain elicited)

Overall Behavior/Protection/Etc.

Biting

Growling

Mouthing

Jumping

Food/Treats

Toys

Other

Typical Day (feeding/resting/exercise)

Relationship w/ Owners/Kids/Strangers

Relationship w/ Dogs/Cats/Etc.

Additional Pet Information:

Daycare Plan:

Training Plan if necessary: