

EMORY-CPT DOG PROJECT INFORMATION FORM

(Please Print)

CONTACT INFORMATION		
Dog's name:	Breed:	Weight:
	Age:	DOB:
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spay/Neuter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner's name:	Home phone: ()	
Street address:	Cell phone: ()	
City, State, Zip	Email:	
Veterinarian:	Veterinarian phone no.: ()	

MEDICAL & BEHAVIORAL HISTORY	
Does your dog have any medical problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your dog currently taking any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your dog ever taken medications or been treated for behavioral problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your dog have special dietary needs or allergies to certain foods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your dog ever had a seizure or loss of consciousness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your dog ever had a head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your dog ever had surgery (besides spay/neuter)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your dog have any metal in the body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" to any above, please provide details here:	
Is your dog friendly with other dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your dog friendly with strange adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your dog friendly with children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your dog afraid of loud noises (e.g. thunder)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your dog afraid of new places?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you think that your dog can learn to wear ear muffs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your dog fully housebroken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your dog microchipped?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your dog ever exhibited aggression toward family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your dog ever exhibited aggressive behavior toward persons outside the family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your dog ever exhibited aggression toward animals within the family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your dog ever exhibited aggression toward non-family dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your dog ever exhibited aggression toward non-family cats or wildlife?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any of the aggression questions, please categorize the type of aggression and then describe the event(s). Who was present (human and animal)? Why did the event occur- what transpired that in your opinion prompted the aggression? Was your dog on or off-leash? When did the incident occur (month-year, time of day, day of week)? Where did the incident occur (outside of home, home, room of house, provide details)? Did your dog only posture or did your dog actually make oral contact with the victim? How did the incident end (dog only postured, dog bit and then stopped, somebody intervened, other, provide details)? Were there any injuries (if yes, describe the injuries, their location, their severity, and whether they required medical treatment)?

HOUSEHOLD INFORMATION

List other animals in the household (species, age, sex):

List other people in the household (age, gender):