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CANINE AGGRESSION SCREEN

TODAY'S DATE: ____/____/____

In some instances we may suggest a complete medical examination from your veterinarian prior to the consultation. Our counselor will discuss specific suggested tests with you and/or your veterinarian prior to the examination.

Owner's Name: _____ Dog's Name: _____

Breed/Mix: _____ Dog's D.O.B. or Age: _____

Weight: _____ Color/Unique Markings: _____

Male Female Intact Castrated Spayed

Definitions and Classifications for Aggressive Behaviours

Aggressive behaviors include growling, snarling, barking, snapping or biting. Problem aggression is directed at companion animals or people who are perceived (by the aggressive dogs) as threats. Depending on which canine behavior professional you consult, aggression may be labeled as fearful aggression, protective aggression possessive aggression, territory aggression, maternal aggression, pain aggression, impulse aggression (formerly poorly classified as dominance aggression), frustration aggression, predatory aggression, idiopathic aggression, and others. Regardless of your dog's age, breed, or previous experiences, our experienced trainers and counselors can provide you with solutions for aggressive behaviors.

Policy for Treating Aggressive Dogs

For safety, protection and success of all involved. G-Pet reserves the right to decline some aggression cases and to impose minimal service requirements for aggression cases. The minimal requirements in no way guarantee successful results, but are in place to stress the importance of realistic expectations and the necessity of follow up sessions after the initial consultation

Section One – Identifying Levels of Aggression

Are the aggressive behaviors increasing in intensity (becoming more dangerous)? Yes No
Are the incidences of aggression increasing in frequency (happening more often)? Yes No

Please check the sentence(s) that best describe the dog. Thank you.

1. **The dog has an unknown bite history or has not bitten (does growl, snarl, bark, lunge or snap – but no bites to my knowledge).**
If you select this box, all of these requirements must be agreed to before treatment will be provided.
 - In-home Behavioral & Environmental Evaluation (RM150)
 - In-Home Behavior Consultation (RM150)

2. **The dog has inflicted scrapes, cuts or shallow bites.**
If you selected this box, all of these requirements must be agreed to before treatment will be provided.
 - In-home Behavioral & Environmental Evaluation (RM150)
 - In-Home Behavior Consultation (RM150)
 - _____

3. **The dog has inflicted multiple bites during one incident, deep puncture wounds or bites wit tearing motion.**
If you selected this box, all of these requirements must be agreed to before treatment will be provided.
 - In-home Behavioral & Environmental Evaluation (RM150)
 - In-Home Behavior Consultation (RM150)
 - _____

Section Two – Identifying Triggers for Aggression

Do not place yourself or others in any danger while attempting to measure your dog’s responses. Use your memory to complete the form. Guessing about the outcome of detailed situations is not helpful, so only check the boxes that relate to actual events.

Where – Resources / Territory – Please check all that apply. Thank you.

2.1 Here’s where incidents of aggression have occurred:

- | | | |
|--|--|--|
| <input type="checkbox"/> Near Food or food bowls | <input type="checkbox"/> Near toys | <input type="checkbox"/> Near chew treats |
| <input type="checkbox"/> Near laundry, objects or other items | <input type="checkbox"/> Near family member(s) | <input type="checkbox"/> During leashed walks |
| <input type="checkbox"/> In house or fenced yard | <input type="checkbox"/> Near family dogs | <input type="checkbox"/> Near or inside vehicles |
| <input type="checkbox"/> In or near specific areas, like bed, kitchen, furniture, back door, crate | | |

Please list any comments you feel may be helpful to identify items or locations that are near aggressive events.

Who – People / Animals – Please check all that apply. Thank you.

2.2 These are types of people or animals that are targets of aggression:

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult strangers / visitors | <input type="checkbox"/> Strange / visiting dogs | <input type="checkbox"/> Child strangers/visiting children |
| <input type="checkbox"/> Adults in family | <input type="checkbox"/> Dog(s) in family | <input type="checkbox"/> Children in family |
| <input type="checkbox"/> Veterinary personnel | <input type="checkbox"/> Groomers | <input type="checkbox"/> Men |
| <input type="checkbox"/> Cats, other animals outside Family | <input type="checkbox"/> Cats, other animals in the family | |

Please list any comments you feel may be helpful to identify types of people or animals who are the recipients of aggressive events.

When – Interactions with People / animals / Environment – Please check all that apply. Thank you.

2.3 Aggression has occurred when:

- | | |
|---|--|
| <input type="checkbox"/> Strangers / visitors approach | <input type="checkbox"/> Strangers / visitors groom or pet |
| <input type="checkbox"/> Family members approach | <input type="checkbox"/> Family members groom or pet |
| <input type="checkbox"/> Strange / visiting dogs approach | <input type="checkbox"/> Strange /visiting dogs play |
| <input type="checkbox"/> Family dogs approach | <input type="checkbox"/> Family dogs play |
| <input type="checkbox"/> Family members move dog | |
| <input type="checkbox"/> Family member touch | <input type="checkbox"/> Family members administer care |
| <input type="checkbox"/> Family members give commands | <input type="checkbox"/> Family members scold or correct |
| <input type="checkbox"/> Family members train dog | <input type="checkbox"/> Family members take item(s) |
| <input type="checkbox"/> Children approach | <input type="checkbox"/> Children train dog |
| <input type="checkbox"/> Children play with dog | |
| <input type="checkbox"/> Children hug or pet dog | <input type="checkbox"/> Food is dropped on floor |
| <input type="checkbox"/> Item(s) is dropped on floor | <input type="checkbox"/> Before / during thunderstorms |
| <input type="checkbox"/> Vehicles pass by | <input type="checkbox"/> Other dogs bark |
| <input type="checkbox"/> Skaters or bikers pass by | <input type="checkbox"/> Picking up or holding dog |
| <input type="checkbox"/> Attaching leash | <input type="checkbox"/> Attaching collar |
| <input type="checkbox"/> Placing dog in crate or pen | <input type="checkbox"/> Talking on phone |

Please list any comments you feel may be helpful to identify situations or events that are triggers for aggressive events.

Section three – Aggression History

When did you first notice the behavior?

Were there any changes in your family's schedule or environment that coincided with the onset of the aggression problem?

Yes No

If yes, please explain

Most Recent Incident **Date of event:** ____/____/____

Who (humans and animals) were present during the incident?

Where did the behavior occur? _____

When (time of day) did the behavior occur? _____

What was occurring immediately before? _____

Briefly describe the incident _____

Level of aggression (check all that apply):

Snarl Bark Growl Snap Lunge Scrape Bite Tear Puncture

Were there multiple bites? Yes No

What happened immediately after? How did you (they) stop the behavior?

Was the dog on a leash? Yes No Wearing a collar? Yes No Type of collar: _____

Please describe the extent of the injury, which body part injured, and level of medical attention necessary

Were any law authorities contact: Yes No Was there legal action: Yes No