

Canine Behavior QOL Assessment Matrix

Staff Present : _____

Name & ARN: _____

Assessment Date: _____

Safety Concern? No Yes If yes, define: _____

Category	Score	Notes
Intake Date: _____		
Medical History		
Bite History - Human		
Bite History - Animal		
Assessment of Behavior Quality of Life		
Reactivity		
Behavior Modification		
Remedies and Treatments		
Outcome Options		

Available for Adoption? Yes No If not, why? _____

Next Steps: _____

Reassessment Date: _____

Total: _____