

Second Pet Canine Registration and Behavior Pre-History Form

**Veterinary Behavior Specialists
7660 Amador Valley Blvd. #E
Dublin, CA 94568**

Thank you for booking a behavior appointment! We look forward to meeting your pet and family. Please fill this form out as completely and thoughtfully as possible since it will help to make best use of our time at our upcoming appointment.

Client Information:

Owner: _____
Spouse/Co-Owner
/Alternate Contact: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____
Best Phone
Number: _____

Pet Information:

Pet's Name: _____

Dog/Canine _____ **Breed** _____

Male _____ **Female** _____ **Spayed / Neutered** _____ **Intact** _____

Coat Color: _____

Date of Birth or Current Age: _____

Pet Insurance Company _____

Medical Alerts _____

Date of last rabies vaccination: _____ 1year_____ 3year_____

Date of appointment: _____

History:

Acquisition Information:

How old was this dog when acquired/how long have you had this dog? _____

Where did you obtain this dog? Performance breeder (show, hunting, agility, etc) _____

Hobby breeder _____ Private home/previous owner _____ Shelter/rescue organization _____

Pet store _____ Other (please describe) _____

Behavior of dog's parents/littermates (if known):

Describe previous home(s) (if known):

Why did you choose this...
breed of dog?

individual dog

Why did you acquire this dog? (check all that apply):

Adult's pet _____ Family pet _____ Children's pet _____ Companion to other pet _____

Protection _____ Performance (show, hunting, agility, etc.) _____ Breeding _____

Other (please describe) _____

Neutering Information:

Is this dog Neutered/Spayed: Yes _____ No _____

If YES: At what age? _____

Reasons for neutering/spaying: (check all that apply):

Prevent behavior problem _____ Health/Vet recommended _____

Population control/don't plan to breed _____ Adoption agreement _____

Correct existing behavior problems (list problems) _____

Other (please describe) _____

Did you notice any changes after neutering/spaying?

If not neutered/spayed, why? (check all that apply):

Show dog _____ Plan to breed _____ Health concerns _____

Other (please describe) _____

Medical History:

List any major illnesses/surgeries (dates):

List all medications/treatments your dog is currently receiving including flea/heartworm preventative, dietary supplements, herbal/ homeopathic treatments:

1.

2.

3.

4.

5.

6.

Daily Activities and Routine:

Feeding:

When and where is the dog fed? _____

Sleeping:

Where does your dog sleep at night? _____

Exercise:

Walks: Does your dog get regular walks (on or off leash)? Yes _____ No _____

If NO, why? Doesn't walk well (pulls) on leash _____ Aggressive on walks _____
Don't have the time _____ Medical reasons _____ Other _____

If YES, How often/How long? _____

What type of collar do you use to walk the dog (check all that apply): Flat buckle collar _____
Body Harness _____ Head collar (Halti, Gentle Leader) _____ Training/choke collar _____
Prong/Pinch collar _____ Other (please describe) _____

What type of leash do you use to walk the dog (check all that apply): Retractable leash _____
Long leash (6ft +) _____ Average leash (4-6ft) _____ Short leash (4ft or less) _____
Other (please describe) _____

How is your dog on leash: Excellent (never pulls, pays attention to me) _____ Good (rarely pulls)
Fair (pulls but I'm able to control) _____ Poor (pulls a lot, difficult to control) _____
Bad (pulls, I don't enjoy the walks) _____

Play:

Does your dog have any dog friends? Yes _____ No _____ Explain if needed:

Living Spaces/Being Left Alone:

Where does your dog spend the most time when people **are home**:

Loose in house _____ (with access to outside _____) Confined (e.g. with gates) to part of the
house _____ (with access to outside _____) Inside in a crate or pen _____ Loose in the yard _____
Outside in a kennel or pen _____ Other _____

Where is your dog spend the most time when people **are not home**?

Loose in house _____ (with access to outside _____) Confined (e.g. with gates) to part of the
house _____ (with access to outside _____) Inside in a crate or pen _____ Loose in the yard _____
Outside in a kennel or pen _____ Other _____

How long is your dog left alone on an average day? _____

What is your dog's reaction to being left alone (check all that apply):

Calm__ Depressed____ Barks____ Cries/howls____ Urinates/defecates ____ Escapes _____
Destructive____ Anxious____ Excited____ Aggressive_____

If anxious please describe:

If anything other than "Calm" indicated above answer the following 4 questions:

1. What is your dog's behavior when you get ready to leave?
2. What is your dog's behavior when you return home?
3. Does your dog eat his/her favorite treats when alone?
4. When you are home does your dog always follow you around or at times go off of his/her own?
Explain if needed.

If there will be or have recently been any major changes to the daily routine (e.g. vacations, owner who travels for business, etc.) please describe.

Noises:

What is your dog's response to loud noises (ie fireworks, gun shots, thunder) (check all that apply):

Calm____ Barks____ Hides____ Trembles ____ Pants ____ Paces ____ Salivates _____
Comes to find you ____ Aggressive if you try to move him/her _____

Other (explain) _____

Training:

Has your dog had any training? No____ Trained Ourselves ____ Classes/Met with Trainer_____

What type of classes and at what ages (e.g. puppy class 8-16 weeks old, group classes 1 year old):

Puppy classes _____

Group classes _____

Private lessons _____

Board & train _____

Other _____

Name(s) of instructor(s)/school(s):

What training techniques have you used (check all that apply): Training collar (choke) _____

Food rewards _____ Verbal Praise _____ Play/toys _____ Prong collar _____

Remote collar (citronella, shock, vibration) _____ Bark collars (shock, vibration, citronella) _____

Other _____

What commands does your dog know? _____

What was your dogs' response to training? _____

Behavior Screens:

Does your dog engage in the following behaviors at least weekly:

| | No | When owner present (times/week) | When owner gone (times/week) | Don't know |
|----------------------------|----|------------------------------------|---------------------------------|------------|
| Housoiling | | (_____) | (_____) | |
| Excessive barking/whining | | (_____) | (_____) | |
| Destructive chewing | | (_____) | (_____) | |
| Digging | | (_____) | (_____) | |
| Self licking/chewing | | (_____) | (_____) | |
| Pacing/repetitive behavior | | (_____) | (_____) | |
| Consumes non-food objects | | (_____) | (_____) | |
| Circles/chases tail/freeze | | (_____) | (_____) | |

| How does dog react to following: | Happy/ Neutral | Fearful/ Anxious | Bark | Growl | Snarl | Snap/ Bite | Don't Know/ Don't Do |
|--|-------------------|---------------------|------|-------|-------|---------------|----------------------------|
| Unfamiliar people at door | | | | | | | |
| Unfamiliar people in home | | | | | | | |
| Unfamiliar people, neutral territory, on leash | | | | | | | |
| --same, off leash | | | | | | | |
| --same, approaching/trying to pet | | | | | | | |
| Bicyclists, skateboarders | | | | | | | |
| Joggers (adult) | | | | | | | |
| Cars/trucks going by, on leash | | | | | | | |
| Babies | | | | | | | |
| Children | | | | | | | |
| Unfamiliar dogs, on leash | | | | | | | |
| Unfamiliar dogs, off leash | | | | | | | |
| Squirrels/cats/small animals approaching dog | | | | | | | |
| Dog in yard-person passes | | | | | | | |
| Dog in yard-dog passes | | | | | | | |

| | Happy/ Neutral | Fearful/ Anxious | Bark | Growl | Snarl | Snap/ Bite | Don't Know/ Don't Do |
|-----------------------|-------------------|---------------------|------|-------|-------|---------------|----------------------------|
| Veterinarian's office | | | | | | | |
| Owners leaving | | | | | | | |

| | | | | | | | |
|--|-------------------|---------------------|------|-------|-------|---------------|----------------------------|
| Owners returning | | | | | | | |
| Car rides | | | | | | | |
| Stranger approaching car | | | | | | | |
| Thunder | | | | | | | |
| Roughhousing | | | | | | | |
| How does dog react to a family member doing the following: | Happy/ Neutral | Fearful/ Anxious | Bark | Growl | Snarl | Snap/ Bite | Don't Know/ Don't Do |
| Walk by food while dog eats regular dog food | | | | | | | |
| Take food dish while dog eats | | | | | | | |
| Walk by food while dog eats more delicious food | | | | | | | |
| Take away non-edible toy | | | | | | | |
| Take away bone, rawhide | | | | | | | |
| Take away stolen non-food item (e.g. socks) | | | | | | | |
| Take away stolen food item (including dirty tissues, paper towels) | | | | | | | |
| Reach for dropped food at same time as dog | | | | | | | |
| Reach over head/pet on top of head | | | | | | | |
| Pet on other parts of body | | | | | | | |
| Brush | | | | | | | |
| Bathe | | | | | | | |
| Pick dog up | | | | | | | |
| Put on/off collar | | | | | | | |
| Put on/off leash | | | | | | | |
| Disturb while sleeping | | | | | | | |
| Move while on furniture | | | | | | | |
| Dog is sitting with one family member and another family member approaches | | | | | | | |
| Hold back when excited (e.g. from running out door) NOT WHEN AGGRESSIVE | | | | | | | |
| Hold back when aggressive (e.g. barking at another dog) | | | | | | | |
| How does dog react to a family member doing the following: | Happy/ Neutral | Fearful/ Anxious | Bark | Growl | Snarl | Snap/ Bite | Don't Know/ Don't Do |
| Verbal reprimand | | | | | | | |
| Leash correction | | | | | | | |

| | | | | | | | |
|---|-------------------|---------------------|------|-------|-------|---------------|----------------------------|
| Physical reprimand | | | | | | | |
| Staring at dog | | | | | | | |
| How does dog react to a pet in the household : | Happy/ Neutral | Fearful/ Anxious | Bark | Growl | Snarl | Snap/ Bite | Don't Know/ Don't Do |
| Around regular food | | | | | | | |
| Around rawhides | | | | | | | |
| Around treats | | | | | | | |
| Around toys | | | | | | | |
| Around favorite people | | | | | | | |
| While on walks together | | | | | | | |
| During play | | | | | | | |

Bites:

Has your dog ever bitten a person? No ____ Yes ____ . If yes, please answer the remaining questions on this page.

Describe the person/people bitten (age, gender, actions e.g. 10 year old boy waving stick). Continue on additional pages if needed.

How bad was the worst bite your dog gave to a person (check all that apply):

Made contact but didn't leave a mark ____ Small red mark ____ Bruised, didn't break skin ____
 Broke skin, minor scrape ____ Broke skin, punctures ____ Multiple punctures ____
 Punctures and tore flesh ____ Multiple bites at one time ____ Required emergency treatment
 (describe) _____

Where was the bite (ie arm, leg, etc)? _____

Have any bites been reported to Animal Control or other authorities? No ____ Yes ____

Comments:

Have any victims threatened/taken legal action because of an aggressive incident? N ____ Y ____

If yes, describe incident:

Primary Behavior Problem:

What is the ONE main behavior problem you are most concerned about? _____

For each incident below **please include**, if applicable: where the incident occurred, who else (human and animal) was present, what happened just before the incident, how everyone present reacted, and other information relating to the incident.

First incident of the main behavior problem:

Date of event_____ Dog's age_____ (Approximate date/age is o.k.)

Describe the VERY FIRST incident of this problem. Try to remember the earliest occurrence of the problem, even if it wasn't as serious as it is now. For instance, if your dog is aggressive to people, describe the first time she growled or barked at someone, not the first bite. Or if your dog has problems being left home alone, describe the first time he whined and cried when you left.

Describe per instructions above the most recent incident of the main behavior problem:

Date of event_____ Dog's age_____

Describe per instructions above at least one other incident you feel illustrates the main behavior problem (if you would like to describe other incidents please do so on a separate page):

Date of event_____ Dog's age_____

Please describe changes in your dog's body language or facial expression (including tail and ear position and overall body posture) before, during or after the incidents.

Frequency:

How frequently does the main behavior problem occur?

>10 times/day_____ 1-10 times/day_____ 1-6 times/week_____ <1x/week_____ <1time/month_____

Is the frequency of the main behavior problem....Increasing_____ Decreasing_____ Unchanged_____

Describe what you've tried to correct the problem and what the dog's response has been to each attempt.

How serious do you and other members of the household find this problem:

Name _____ Mild _____ Moderate _____ Severe _____ Intolerable _____

Name _____ Mild _____ Moderate _____ Severe _____ Intolerable _____

Name _____ Mild _____ Moderate _____ Severe _____ Intolerable _____

Has anyone suggested you euthanize or rehome this dog because of this problem? Y _____ N _____

Have you ever considered euthanasia or rehoming your dog because of this problem? Y _____ N _____

List other problem behaviors in order of importance to you.

LIABILITY:

- As the representing owner, agent or handler for the individuals who will be working with the pet(s) indicated below, I understand that behavior therapies recommended by Dr. Meredith Stepita may involve some level of risk to the pet(s) and/or the handlers, or other people or property in spite of our best efforts to minimize them.
- I will use my own judgment and common sense when following the recommendations to not place people, pets and property at undue risk.
- Furthermore, I realize that Dr. Meredith Stepita cannot guarantee that a pet will not be aggressive or cause injury to people or property in the future and that the pet's owner(s) and handler(s) continue to assume all liability for any future aggression.
- By signing below, I am freely assuming these risks and do not hold Dr. Meredith Stepita OR East Bay Veterinary Specialists & Emergency liable for any injury which may occur to handlers, pet, other people, other animals or property while using their training and medication treatment recommendations.

Owner's Name: _____ Pet's Name: _____

I, _____ have read the policies and procedures put forth above and understand them fully. I agree to adhere to these policies as a client of Dr. Stepita.

Signed: _____ Date: _____