

**Canine Behavior Pre-History Form**  
**Veterinary Behavior Specialists**  
**Phone: 925-305-3745**  
**Address: 7660 Amador Valley Blvd. #E**  
**Dublin, CA 94568**  
**Fax: 888-230-4043**

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:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone 1:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone 2:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Best Number:** \_\_\_\_\_

**Owner birthdate (required for prescriptions):** \_\_\_\_\_

**What are the best days of the week to reach you?** \_\_\_\_\_

**Who referred you to us?** \_\_\_\_\_

**Primary care veterinarian (doctor name, hospital name, and phone number):**

Would you like Dr. Stepita to update your veterinarian on our appointment? Yes \_\_\_\_\_ No \_\_\_\_\_

**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:

**Household Information:**

People living in household including name, age, relationship (e.g. spouse, son, roommate, etc.):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Other people in regular contact with pet (e.g. pet sitters, housekeepers, friends, etc.) including name, age, relationship (e.g. spouse, son, roommate, etc.):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**Type of house:** Single Family Detached\_\_\_ Apartment\_\_\_ Attached house (condo)\_\_\_\_\_  
Mobile home\_\_\_\_\_ Other (please describe)\_\_\_\_\_

**Neighborhood:** Urban\_\_\_ Suburban\_\_\_ Rural\_\_\_\_\_

Do you have a yard? Yes\_\_\_ No\_\_\_ If yes, how big is the yard? \_\_\_\_\_

Is the yard fenced? Yes \_\_\_ No \_\_\_ If Yes, height of fence\_\_\_\_\_ (ft)

Type of fence: Wooden slats\_\_\_\_\_ Solid\_\_\_\_\_ Wrought iron\_\_\_\_\_ Chain Link\_\_\_\_\_

Other\_\_\_\_\_

How long have you been in this house?\_\_\_\_\_

Since you adopted this dog how many houses has the dog lived in?\_\_\_\_\_

Other pets in household including name, species (e.g. dog, cat), breed (e.g. Golden Retriever, Siamese), Male/Female, Spayed/Neutered, current age, and age when obtained:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

List any major household changes since acquiring this dog (e.g. moves, illness/death of pets/people, added new people/pets to the household, etc.)

Date: \_\_\_\_\_ Event: \_\_\_\_\_

Date: \_\_\_\_\_ Event: \_\_\_\_\_

Date: \_\_\_\_\_ Event: \_\_\_\_\_

### **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 heartworm, flea preventative, dietary supplements, herbal/homeopathic treatments. List the name of medication, dosage/frequency, and date started:

1.

2.

3.

4.

5.

6.

**Daily Activities and Routine:**

**Feeding:**

When and where is the dog fed? \_\_\_\_\_

What diet (or brand of food) does your dog eat? \_\_\_\_\_

**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 does 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 \_\_\_\_\_ Whines/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 dog's 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							
Roughhousing							

How does dog react to a <b>family member</b> 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 rawhide/bone							
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)							
Verbal reprimand							
Leash correction							
Physical reprimand							
Staring at dog							
How does dog react to another <b>pet in the household</b> :	Happy/ Neutral	Fearful/ Anxious	Bark	Growl	Snarl	Snap/ Bite	Don't Know/ Don't Do
Around regular food							
Around rawhides/bones							
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 \_\_\_\_\_

What are your overall goals for your pet?

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, Veterinary Behavior Specialists, OR Veterinary Behavior Specialists 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: \_\_\_\_\_