

Canine Behavior Pre-History Form
Veterinary Behavior Specialists
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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: _____ **Policy No.** _____

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 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 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 pet in the household :	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 Ironhorse VetCare 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: _____