

Marcia Rafter Richie, LVT, CPDT, VTS-Behavior



Referring Veterinarian _____

Hospital _____

Telephone # _____

Address _____

E-mail _____

Client Name _____

Address _____

Telephone # _____

Dog Name _____

Breed _____ Age _____ Sex _____

Recommendation

Puppy Pre-School

Family Companion Class

Private In-Home Instruction

Behavior Problem

Vaccination Record

DHLPP _____ Bordatella _____ Other _____

DHLPP _____ Rabies _____ Other _____

In addition to our services, please state any other recommendations made to the client
(i.e. head halter, diet change, management, behavior modification)

Marcia Rafter Richie, LVT, CPDT, VTS-Behavior



Please complete the balance of this form, including the behavior check list,
if your recommendation pertains to a behavior problem

Request to employ the services of Dr. Julia Albright, Veterinary Behaviorist _____

Date of dog's last PE _____

Significant medical condition(s) which may exacerbate the behavior problem or affect
the behavior modification program

List of any medical workups/screenings performed that might relate to this problem

Please list any medications the dog is currently on, and the dosages

Behavioral Diagnosis

- | | | |
|--|---|---|
| <p>Eliminative</p> <ul style="list-style-type: none"><input type="checkbox"/> Bed Wetting<input type="checkbox"/> House Soiling<input type="checkbox"/> Marking<input type="checkbox"/> Excitable Urination<input type="checkbox"/> Submissive Urination <p>Social</p> <ul style="list-style-type: none"><input type="checkbox"/> Excessive Vocalization<input type="checkbox"/> Super Submission<input type="checkbox"/> Separation Anxiety <p>Reproductive</p> <ul style="list-style-type: none"><input type="checkbox"/> Infantophagia<input type="checkbox"/> Mounting/Masturbation<input type="checkbox"/> Inappropriate Nursing | <p>Ingestive</p> <ul style="list-style-type: none"><input type="checkbox"/> Coprophagia<input type="checkbox"/> Destructive Chewing<input type="checkbox"/> Pica<input type="checkbox"/> Anorexia<input type="checkbox"/> Compulsive Eating/Drinking<input type="checkbox"/> Prey Catching<input type="checkbox"/> Stealing Food <p>Conflict/Compulsive</p> <ul style="list-style-type: none"><input type="checkbox"/> Licking/Sucking/Chewing<input type="checkbox"/> Excessive Grooming<input type="checkbox"/> Self Mutilation<input type="checkbox"/> Circling/Tail Chasing/Pacing <p>Fear/Phobias</p> <ul style="list-style-type: none"><input type="checkbox"/> Noise<input type="checkbox"/> People<input type="checkbox"/> Animals<input type="checkbox"/> Situations<input type="checkbox"/> Objects | <p>Aggression</p> <ul style="list-style-type: none"><input type="checkbox"/> Conflict Related<input type="checkbox"/> Disease Induced<input type="checkbox"/> Excitement Induced<input type="checkbox"/> Fear Induced<input type="checkbox"/> Interdog<input type="checkbox"/> Learned<input type="checkbox"/> Maternal<input type="checkbox"/> Pain Induced<input type="checkbox"/> Play<input type="checkbox"/> Predatory<input type="checkbox"/> Redirected<input type="checkbox"/> Sibling Rivalry<input type="checkbox"/> Alliance Aggression<input type="checkbox"/> Territorial<input type="checkbox"/> Resource Guarding <p>Other</p> <ul style="list-style-type: none"><input type="checkbox"/> Hyperexcitability<input type="checkbox"/> Hyperkinesis<input type="checkbox"/> Conditioned Unwanted Behavior |
|--|---|---|
-

Treatment Plan

- | | | |
|--|---|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Avoiding Situation<input type="checkbox"/> Change in Environment<input type="checkbox"/> Crate Confinement<input type="checkbox"/> Crate Training<input type="checkbox"/> Counterconditioning<input type="checkbox"/> Dietary Change<input type="checkbox"/> Disruption of Behavior<input type="checkbox"/> Desensitization (Systematic) | <ul style="list-style-type: none"><input type="checkbox"/> Euthanasia Recommended<input type="checkbox"/> Ignore at Specific Times<input type="checkbox"/> Increased Exercise<input type="checkbox"/> Planned Departures<input type="checkbox"/> Punishment<input type="checkbox"/> Punishment Ceased<input type="checkbox"/> Regular Schedule<input type="checkbox"/> Response Substitution | <ul style="list-style-type: none"><input type="checkbox"/> Rewarding Appropriate Behavior<input type="checkbox"/> Training (Lure Reward)<input type="checkbox"/> Training (Clicker)<input type="checkbox"/> Training Specific Exercise<input type="checkbox"/> Umbilical Cord Technique<input type="checkbox"/> Withholding Reward<input type="checkbox"/> Other <hr/> <hr/> <hr/> |
|--|---|--|

Comments/Treatment Details _____

Has the dog bitten? Yes No Unknown If yes, how many times? _____

How severe were the bite(s)?

Did not make contact Did not break skin Puncture Medical care needed

Did the dog give warning? Yes No Unknown

Bite History Comments _____

Veterinarian Signature _____ Date _____