

Canine Behavior Pre-history Form
East Bay Veterinary Specialists and Emergency
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Thank you for booking a behavior appointment! I am looking forward to meeting your pet and family. Please fill out this form completely and thoughtfully as possible since it will help to make best use of our time at our upcoming appointment.

Owner Information:

Name: _____

Address: _____

Phone (home) _____ (work) _____ (cell) _____

Best phone number to reach you: _____ Email: _____

Veterinarian Information:

Clinic Name: _____

Doctor's Name: _____ Phone: _____

Who referred you to Dr. Stepita? _____

Patient Information:

Name: _____ Breed: _____

Date of Birth/Age _____ Weight _____ Color _____

Sex: Male Neutered/Spayed: Neutered

Household Information:

People living in household:

Name	Age	Relationship (e.g. spouse, son, daughter, roommate, etc.)

Other people in regular contact with pet (e.g. petsitters, housekeepers, friends, etc.):

Name	Age	Relationship (e.g. pet sitters, friend, grandchild, etc.)

Type of house the pet currently resides in

Single Family Home

Other: _____

Neighborhood: Urban

Do you have a yard? No

If yes, how big is the yard? _____

Is the yard fenced? No

If yes, height of fence _____ (ft)

Type of fence: Wooden Slats

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 (in order came into household):

Name	Species (e.g. dog, cat) & Breed (e.g., Golden Retriever, Manx)	Male/Female Spayed/Neutered	Age Now	Age when obtained

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? _____

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

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)

- ☐ Children's Pet
- ☐ Companion to Other Pet
- ☐ Protection
- ☐ Performance (show, hunting, agility etc)
- ☐ Breeding
- ☐ Other

Other (please describe) _____

Neutering Information:

Is this dog Neutered/Spayed: Yes

If yes, at what age? _____

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

- ☐ Adoption Agreement
- ☐ Correct Existing Behavior Problems
- ☐ Health/Vet Recommended
- ☐ Other
- ☐ Population Control (no breeding)
- ☐ Prevent Behavior Problem

Other (please describe)

Did you notice any changes after neutering/spaying? If so, what changes did you notice?

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

- ☐ Show dog ☐ Plan to breed ☐ Health concerns ☐ Other

Other (please describe)

Medical History:

List any major illnesses/surgeries (dates):

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

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

Name of medication	Dosage/frequency given	Date started medication

Daily Activities and Routine:

Feeding:

When and where is the dog fed? _____

Who feeds? _____

Types of food: Dry	_____ (BRAND)	_____ % of diet
Canned	_____ (BRAND)	_____ % of diet
Raw	_____	_____ % of diet
People food	_____	_____ % of diet
Other	_____	_____ % of diet

Sleeping:

Where does your dog sleep at night? _____

Where does your dog sleep during the day? _____

Exercise:

Leash walks: Does your dog get regular leash walks? No

If no, why? (Check all that apply)

- ☐ Aggressive on walks
- ☐ Doesn't walk well on leash (pulls)
- ☐ Don't have the time
- ☐ Medical reasons
- ☐ Other

If yes, who takes the dog for leash walks? _____

How often _____ How long are the walks _____

Location (e.g. around neighborhood, in town, in park) _____

What type of collar do you use to walk the dog (check all that apply)

- ☐ Training/choke collar
- ☐ Prong collar
- ☐ Other

Other (please describe) _____

What type of leash do you use to walk the dog (check all that apply):

- ☐ Retractable leash
- ☐ Long leash (6 ft+)
- ☐ Average leash (4-6 ft)
- ☐ Short leash (4 ft or less)
- ☐ Other

Other (please describe)

How is your dog on leash?

Off-leash Exercise: Does your dog get off-leash exercise? Yes

If yes, who takes the dog for off-leash exercise? _____

How often _____ For how long _____

Locations (e.g. trails, dog parks, beaches) _____

Play:

How often does your dog play with toys? Several times a day

How often does your dog play with people? Several times a day

How often does your dog play with dogs? Several times a day

Does your dog have any dog friends? Yes

Explain if needed: _____

Motivation:

Please rank what motivates your dog from most to least. Examples include treats, toys, attention from people, etc. Please include specifics such as tennis balls or beef jerky treats.

1.

2.

3.

Living Spaces/Being Left Alone:

Where does your dog spend the most time when people **are home**? Loose in house with access outside

Other _____

Where is your dog spending the most time when people **are not home**? Loose in house with access outside

Other _____

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

When is your dog left alone (e.g. 8:00am-5:00pm)? _____

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

Please describe:

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.

Describe a typical 24 hour day in your dog's life, starting with when and where the dog wakes up in the morning. Include feeding, exercise and play times. If behavior problems occur at particular times of the day include that information.

Training:

Has your dog had any training? (Check all that apply)

☐

No training

☐

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 (shoke, vibration, citronella)

Other _____

Who in the household trained the dog? _____

What commands does your dog know? _____

Has your dog won any titles (agility, obedience, CGC)? No

If yes, what titles? _____

Did your dog enjoy training? No

What was your dogs' response to training? _____

How well does your dog obey commands **without** distractions: Very well

How well does your dog obey commands **with** distractions: Very well

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
Housesoiling		()	()	
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							
“ ”, off leash							
“ ”, approaching or trying to pet							
Children on bicycles, roller blades							
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							
Veterinarian's office							
Owners leaving							
Owners returning							
Car rides							
Stranger approaching car							
Thunder							
Loud noises							
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 other pets in the following situations:	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							

Has your dog ever bitten a person? Yes

Describe the person/people bitten (age, gender, actions e.g. 10 year old boy waving stick).

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

- ☐ Made contact, didn't leave mark
 ☐ Small red mark
 ☐ Bruised, didn't break skin
 ☐ Broke skin, minor scrape
- ☐ Broke skin, punctures
 ☐ Multiple punctures
 ☐ Punctures & tore flesh
 ☐ Multiple bites at one time
- ☐ Required emergency treatment

Describe:

Where was the bite (i.e. arm, leg, etc)? _____

Have any bites been reported to Animal Control or other authorities? Yes

Comments: _____

Have any victims threatened/taken legal action because of an aggressive incident? Yes

If yes, describe incident:

Primary Behavior Problem:

What is the ONE main behavior problem you wish to address today? _____

For each incident below please include, if applicable:

1. Where the incident occurred?
2. Who else (human and animal) was present?
3. What happened just before the incident?
4. How everyone present reacted?
5. 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? <1 time per month

Is the frequency ... 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

Name _____ Mild

Name _____ Mild

Has anyone suggested you euthanize or re-home this dog because of this problem? Yes

Have you ever considered euthanasia or re-homing your dog because of this problem? Yes

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 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: _____