



P.O. Box 455 Villanova, PA 19085  
484-580-9838 484-751-6212 (fax)  
[www.keystoneveterinarybehavior.com](http://www.keystoneveterinarybehavior.com)

## Welcome to Keystone Veterinary Behavior Services

### **BEFORE YOUR APPOINTMENT:**

#### **History Forms:**

We use history forms to gather background information about your pet and some specific information about the problem. Using these forms helps save time during the appointment and lets us concentrate on the problems and the treatment plan.

Please, fill out the history forms and return at least 2 days prior to the appointment via email ([info@keystoneveterinarybehavior.com](mailto:info@keystoneveterinarybehavior.com)) or fax to 484-751-6212. This will help save time at the appointment.

- These forms should be filled out by the adult in the household who spends the most time with the dog in consultation with other people in the household. Please indicate areas of disagreement between members of the household.
- Fill out the forms in as much **detail** as possible (use additional pages if needed). We know it can sometimes be difficult to recall details about specific occurrences but it is important to provide the details requested so we can get an accurate picture of your dog's behavior.
- We will review the forms with you at the appointment. The more details you provide, especially in describing actual incidents of the problem behaviors, the more time we have to discuss the reasons for the problem behavior (the diagnosis) and how to change the behavior. Call us or email us if you have any questions.

#### **Medical Records:**

Please have your veterinarian fax your pet's medical history to us at 484-751-6212. If your pet has not been seen by your regular veterinarian in the past 6 months, it may be helpful to schedule an appointment for a physical exam and screening laboratory tests prior to your behavior appointment.

#### **Cancellations:**

Contact us at least 2 full business days before your scheduled appointment, if you must cancel or reschedule. Such notification allows our office to make arrangements so another client can have the appointment time. Cancellations with less than 2 business days' notice will be charged a \$100.00 fee, which may be applied to a future appointment.

## **AT YOUR APPOINTMENT**

**Safety:** If you are concerned that the doctor will not be able to safely enter your home, please contact us before your appointment to discuss the situation.

**Rewards:** We will be using rewards to demonstrate training and behavior modification techniques or help your dog feel more comfortable so please do not feed your dog right before the appointment.

### **What Happens During the Consultation:**

- **History:** We will start by reviewing some details about your history forms and then discuss the actual behavior problems that you are experiencing. The more complete and detailed the forms, the more efficient the history gathering process is.
- **Diagnosis:** The key to changing behavior problems is through understanding the problems, so we will spend a good deal of time reviewing the reasons for your dog's behaviors.
- **Treatment Plan:** We next discuss how we will manage and change the problem behaviors. If it is safe to do so, we will demonstrate the techniques that you will be using to help your pet's behavior improve. You will be given a written copy of your dog's treatment plan. We do not intentionally put dogs into situations that may cause them to become overly fearful and/or aggressive; they get enough of that in real-life!
- **Physical Work Up:** If it is safe to do so, the doctor will perform a physical exam on your pet. Any medical concerns will be discussed and you may be referred back to your regular veterinarian for specific testing.

**Owner Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

**Veterinarian Information:**

Clinic Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who referred you to the MVA Behavior Service? \_\_\_\_\_

**Patient Information:**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of Birth/Age \_\_\_\_\_ Weight \_\_\_\_\_ Color \_\_\_\_\_

Sex: Male\_\_ Female\_\_\_\_ Neutered/Spayed: Yes\_\_\_\_ No\_\_\_\_

Household Information:

People living in household:

Name	Age	Relationship (e.g. spouse, partner, 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: Single Family Detached\_\_\_\_ Apartment\_\_\_\_ Attached house (condo)\_\_\_\_  
Other\_\_\_\_\_

How long have you lived in this house? \_\_\_\_\_ Since adoption, how many houses have you and your dog lived in? \_\_\_\_\_

Yard

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

Is the yard fenced? Yes \_ No \_\_\_\_ Aproximate fenced area \_\_\_\_\_

Type of fence: Wooden slats (height) \_\_\_\_\_ Solid Wall (height)\_\_\_\_\_

Chain Link (height)\_\_\_\_\_ Electronic/Invisible \_\_\_\_\_ Other\_\_\_\_\_

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	Current Age	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., etc.). Continue on additional page if needed.

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

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

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

**Acquisition Information:**

How old was this dog (the primary patient) when acquired?\_\_\_\_\_

Where did you obtain this dog?

Performance breeder (e.g. show, hunting, agility, etc.)\_\_\_\_\_ Hobby breeder\_\_\_\_\_

Private home/previous owner\_\_\_\_ Shelter/rescue organization\_\_\_\_\_ Pet Store \_\_\_\_\_

Other\_\_\_\_\_

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

Describe previous home(s) (if known):

Why did you choose this breed of dog?

Why did you choose this 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\_\_\_\_\_

## 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 \_\_\_\_\_

Did you notice any changes after neutering/spaying (please describe)?

If not neutered, reasons for not neutering (check all that apply):

Show dog\_\_\_\_Plan to breed\_\_\_\_\_Health concerns\_\_\_\_\_

Other\_\_\_\_\_

## Medical History:

List any major illnesses/surgeries (dates):

List all medications/treatments your dog is currently receiving including heartworm, **flea/tick preventatives/collars**, dietary supplements, herbal/homeopathic treatments:

[illegible]

## 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

### Eating habits (check all that apply):

Eats right away \_\_\_ Picky eater \_\_\_\_\_ Anxious eater \_\_\_\_\_ Guards food from people \_\_\_\_\_

Guards food from dogs \_\_\_ Other \_\_\_\_\_

### Treats:

List types \_\_\_\_\_

How often does your dog get treats? \_\_\_\_\_

When does your dog get treats? \_\_\_\_\_

### Sleeping:

Where does your dog sleep at night? \_\_\_\_\_

Where does your dog sleep during the day? \_\_\_\_\_

If disturbed while sleeping what is your dog's reaction (check all that apply)?

Happy \_\_\_\_\_ Startled \_\_\_ Growls \_\_\_ Barks \_\_\_ Bites \_\_\_ Scared \_\_\_ Grumpy \_\_\_ Playful \_\_\_

Other \_\_\_\_\_

### Exercise:

Leash walks: Does your dog get regular leash walks? 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, who takes the dog for leash walks? \_\_\_\_\_

How often \_\_\_\_\_ How long are the walks \_\_\_\_\_

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

What 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 collar \_\_\_\_\_

Retractable leash \_\_\_\_\_ Long leash (6ft + ) \_\_\_\_\_ Average leash (4-6ft) \_\_\_\_\_

Short leash (4ft or less) \_\_\_ Other \_\_\_\_\_

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) \_\_\_\_\_

Off-leash Exercise: Does your dog get off-leash exercise? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, who takes the dog for off-leash exercise? \_\_\_\_\_  
How often \_\_\_\_\_ For how long \_\_\_\_\_  
Locations (e.g. trails, dog parks, beaches) \_\_\_\_\_

### **Play:**

Does your dog play with toys? Yes \_\_\_\_\_ No \_\_\_\_\_

What are your dog's favorite toys? (check all that apply) Balls \_\_\_\_\_ Stuffed animal \_\_\_\_\_  
Rope toys \_\_\_\_\_ Soft squeaky toys \_\_\_\_\_ Frisbee \_\_\_\_\_ Hard chew toys \_\_\_\_\_ Tug toys \_\_\_\_\_  
Rubber toys (e.g. Kong) \_\_\_\_\_ Other \_\_\_\_\_

How does your dog play with toys? (check all that apply):  
Tug games with people \_\_\_\_\_ Tug games with other dogs \_\_\_\_\_  
Chase games with people \_\_\_\_\_ Chase games with other dogs \_\_\_\_\_ Fetch \_\_\_\_\_  
Shakes and "kills" toys \_\_\_\_\_ Chews toys \_\_\_\_\_ Other \_\_\_\_\_

How often does your dog play with toys?  
Several times/day \_\_\_\_\_ once daily \_\_\_\_\_ several times/week \_\_\_\_\_ weekly \_\_\_\_\_ rarely \_\_\_\_\_ never \_\_\_\_\_  
How often does your dog play with people?  
Several times/day \_\_\_\_\_ once daily \_\_\_\_\_ several times/week \_\_\_\_\_ weekly \_\_\_\_\_ rarely \_\_\_\_\_ never \_\_\_\_\_  
How often does your dog play with dogs?  
Several times/day \_\_\_\_\_ once daily \_\_\_\_\_ several times/week \_\_\_\_\_ weekly \_\_\_\_\_ rarely \_\_\_\_\_ never \_\_\_\_\_

### **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? \_\_\_\_\_

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 \_\_\_\_\_

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.



## Training:

Has your dog had any training Yes, Trained Ourselves \_\_\_\_ Classes/Met with Trainer\_\_\_\_

No\_\_\_\_

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\_\_\_\_\_

Who in the household trained the dog?\_\_\_\_\_

What commands does your dog know?\_\_\_\_\_

Has your dog won any titles (agility, obedience, CGC)?No\_\_\_\_\_ Yes (list)\_\_\_\_\_

Did your dog enjoy training?\_\_\_\_\_

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

Very well\_\_ Well\_\_\_\_\_ Fair\_\_\_\_\_ Poorly\_\_\_\_\_ Does not follow commands\_\_\_\_\_

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

Very well\_\_ Well\_\_\_\_\_ Fair\_\_\_\_\_ Poorly\_\_\_\_\_ Does not follow commands\_\_\_\_\_

**Behavior Screens:**

How does dog react to following:	Happy	Neutral	Fearful Anxious Submits	Snarl	Bark/ Growl	Snap/ Bite	Don't Know/ Don't Do
Unfamiliar people at door							
Unfamiliar people in home							
Unfamiliar people, neutral territory, while on-leash							
--same, while off-leash							
--same, approaching/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							
Veterinarian's office							
Owners leaving							
Owners returning							
Car rides							
Stranger approaching car when dog is inside							
Thunder							
Loud noises							
Roughhousing							

How does dog react to a <b>family member</b> doing the following:	Happy	Neutral	Fearful Anxious Submits	Snarl	Bark/ Growl	Snap/ Bite	Don't Know/ Don't Do
Walk by food while dog eats regular meal							
Take food dish while dog eats regular meal							
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)							
Verbal reprimand							
Leash correction							
Physical reprimand							
Staring at dog							

How does dog react to a dog in the household :	Happy	Neutral	Fearful Anxious Submits	Snarl	Bark/ Growl	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							

**Bite History:**

Has your dog ever bitten a person? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, describe the victim(s) and what was happening when your dog bit (e.g. 10 year old boy waving stick at dog). Continue on additional pages if needed

How bad was the **worst bite** your dog ever 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)

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 wish to address?

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.*

Include where the incident occurred, who else (human and animal) was present, what happened just before the incident, how everyone present reacted.

Date of FIRST INCIDENT \_\_\_\_\_ Dog's age \_\_\_\_\_ (Approximate date/age is o.k.)

Describe per instructions above the most recent incident

Date of MOST RECENT incident \_\_\_\_\_

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

Date of incident \_\_\_\_\_ Dog's age \_\_\_\_\_ (Approximate date/age is o.k.)

If you noticed any changes in your dog's body language or facial expression before, during or after the incidents please describe.

**Frequency:**

How frequently does this problem occur?

>10 times/day\_\_\_\_\_ 1-10 times/day\_\_\_\_\_ 1-6 times/week\_\_\_\_\_ <1x/week\_\_\_\_\_ <1time/month\_\_\_\_\_

Is the frequency... Increasing\_\_\_\_\_ Decreasing\_\_\_\_\_ Unchanged\_\_\_\_\_

What percent of time that your dog is in a potentially problematic situation does the problem behavior occur?:

<25%\_\_\_\_\_ 25-50%\_\_\_\_\_ 51-75%\_\_\_\_\_ 76-100%\_\_\_\_\_

Describe what you've tried to correct the problem (e.g. specific training, household changes, medication, supplements) 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 dealing with the individuals who will be working with the pet(s) indicated below, I understand that behavior therapies recommended by Keystone Veterinary Behavior Services 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 any recommendations so as not to place people, pets and property at undue risk.
- Furthermore, I realize that the clinicians, Keystone Veterinary Behavior Services and its agents/employees cannot guarantee that a pet will not be aggressive or cause injury to people or property in the future and I acknowledge that the pet's owner(s) and handler(s) continue to be solely responsible and assume all liability for any future aggression or misbehavior.
- By signing below, I am freely assuming these risks and shall not hold Keystone Veterinary Behavior Services or its clinicians, agents, employees, or facility owners liable for any loss or injury which may occur to handlers, pet, other people, other animals or property while using their training and medication treatment recommendations, and I hereby waive any claim for damages arising out of such matters and agree to hold Keystone Veterinary Behavior Services and its clinicians/agents/employees harmless from any such claims.

Owner's Name: \_\_\_\_\_ Pet's Name(s): \_\_\_\_\_

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 Keystone Veterinary Behavior Services.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_