

VBMS Behavior History

Please note - the more detail that you provide, the more prepared I can be for your initial consultation. Many questions are purposefully left open ended for this reason. Please try your best to provide thoughtful and complete answers.

Owner's name:

Address:

Please include driving/parking directions if parking is restricted near your home, your house or house numbers are not visible from the road, you live on a private lane, etc

Phone

Email

General practice veterinarian and veterinary hospital

Dog's name:

Age:

Breed:

Sex:

Spayed/neutered?

Where did you acquire this dog?

How old was this dog when you acquired it?

What were your reasons for acquiring this particular pet? (mark any that apply)

Family pet

Companion for another pet

Protection

Showing/agility/competition

Breeding

Please describe any previous or ongoing medical concerns with your dog:

Please list the dates of your dog's most recent vaccinations:

DHPP
Rabies
Leptospirosis
Bordatella

Please list all medications (including dose strength and frequency) that your dog is currently taking, including supplements and flea/heartworm preventative. (Include any special/restrictive diets that are currently being fed)

Medications

Supplements

Flea Preventative

Heartworm Preventative

Diet

What type of collar/harness/halter is currently being used for walks?

Please list all human members of the household (please include ages of children)

Please list all other pets in the household (please include ages and species)

Please describe the pet's environment by marking the most appropriate response

Single family

Attached condo or townhouse

Apartment

Farm

Rural

Suburban

Urban

Do you have a yard at your residence?

If yes, is it fenced? Please describe the fencing if applicable

Please describe the reason for this consultation

How long have these issues been occurring?

Have the frequency or intensity of the behaviors been increasing over time?

If yes, please describe

How often (daily, weekly, monthly, etc) do you see these behaviors?

Please describe your efforts to improve the behaviors up to this point:

Has your dog been to any formal training classes or private sessions in the past?

If yes, please describe the class and training methods used by the teacher (clicker training, verbal praise, choke collar, shock collar, “dominance” methods, etc). If these sessions were local (Cinci/Dayton), please include the trainer/training company’s name.

If the concern involves aggression, please answer the following questions:

Does the aggression occur to people, other dogs, other animals, or all of these?

Please mark the description that best fits with the most severe bite incident involving your dog:

Only contact between skin and teeth

Small break of skin, minor skin break (scrape)

Puncture wounds (minor)

Multiple punctures requiring sutures.

Have you considered euthanasia or rehoming this pet for this issue?

Please describe your goals for your dog as we move forward with treatment

How much time (daily or weekly) are you able to dedicate to working with your pet on these issues?