

Please complete and return via email, fax, or drop-off at least 2 days before your appointment

Email: [intakeforms@sfspca.org](mailto:intakeforms@sfspca.org)

Fax: (415) 962-2495

201 Alabama Street, San Francisco, CA 94103

Client Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Referred by and Veterinarian name (if applicable): \_\_\_\_\_

**Primary Problem Statement**

Please describe the problem using several sentences. Be brief, but provide specifics as to the behavior which needs to be addressed. Please note that although your dog may have multiple problems, we need to focus on one (or two problems if related to each other) during the appointment.

How old were your dogs when they first demonstrated this problem?

Please describe the first incident, the most recent incident, and any other incidents where your dogs exhibited the problem behavior in the boxes provided below. Include dates if possible.

Describe the <u>first</u> incident:	
Date of the incident:	Pet age at the time of the incident:

Describe the <u>most recent</u> incident:	
Date of the incident:	Pet age at the time of the incident:



Describe any other incident:

Date of the incident:

Pet age at the time of the incident:

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

**Frequency**

How long ago did you first notice a problem between the dogs?

How many times have your dogs been in a fight with each other?

Who do you think starts the majority of the fights?

How long do most fights last?

How do the fights end? (e.g., you separate them - if so, how do you do that, injured while separating them, one dog backs away)

If you are separating them how do they act after separation?

Has either of the dogs ever been injured? (YES/NO)

If YES, please list any injuries:

What percentage of fights occurs when you are not home?



How frequently does the problem occur?

Less than once per month	Less than once per week	1 – 6 times per week	1 – 10 times per day	More than 10 times per day
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Does either of the dogs also fight with other dogs? (YES/NO)

If YES, which one and in what circumstances?

Do the dogs enjoy interacting with each other during times when they are not fighting? (YES/NO)

If YES, when do they get along? (e.g., on walks, in yard, etc.)

Estimate the percentage of fights that have occurred in close association with each of the scenarios provided:

Dog's meal time	
Human meal times	
Valuable toys	
Valuable treats or bones	
Attention from family members	
Going in or out the door to a backyard	
Dog approaches other dog's resting area	
See other dogs through fence	
Other, _____	

What have you tried so far to correct the behavior problem?

### Household Information

Please list all people who interact with your dogs on a regular basis:

Person Name	Age (optional)	Relationship (e.g., spouse/partner, son, dog walker, etc)

### Medical History

List current medical problems of all dogs in your household:

List any medications and/or supplements below

Name of Dog	Medication	Dosage (e.g., 20 mg)	Frequency	Date Started

Residence type:

- Apartment     Condo     Private House

Yard? (YES/NO)

If YES, what is the size of the yard?

Fence? (YES/NO)

If YES, what is the type and height of the fence?

Describe your dog's diet below:

Name of Dog	Type of Food	Frequency of Feeding	Amount Food Served

### Training

Have either of your dogs had any formal or informal training? (YES/NO)

If YES, describe in the table below

Dates / Length of Class	Type of Training Class	Instructor / School

Who in the household trained your dogs? \_\_\_\_\_

What type of collar/harness do you use for walking your dogs? \_\_\_\_\_

Please list any other types of collars/harnesses used in the past: \_\_\_\_\_

Who do your dogs spend the majority of his/her time playing with? (e.g., You, relative, child, etc.)

List the different ways your dogs attract your attention when s/he wants something:

Where do your dogs stay when you are not home?

Where do your dogs sleep at night?

How many hours per day (not including sleeping at night) do your dogs spend alone?

List five things (in order of preference) that each of your dogs likes to play with below. If your dogs do not like to play with toys, leave this blank.

Dog Name: _____	Dog Name: _____
1)	1)
2)	2)
3)	3)
4)	4)
5)	5)

Describe the primary ways in which your dogs exercise on a regular basis (at least three times weekly)?

Type of Exercise	Frequency (e.g., 20 min 3x per week)	Duration

What is your goal for your dogs as well as for this appointment?

**Treatment Consent:**

By signing below, I am freely assuming the risk and do not hold the SF SPCA, or its clinicians, technicians, agents, or employees liable for any injury which may occur to handlers, pet, other people, animals or property while using their behavior modification and/or medication recommendations.

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 the SF SPCA Veterinary Hospital.

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

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

