

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

Email: intakeforms@sfpca.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 was your dog when he/she first demonstrated this problem?

Please describe the first incident, the most recent incident, and any other incidents where your dog exhibited the problem behavior. 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 incidents that you feel illustrate the problem behavior:

Date of the incident: _____ Pet age at the time of the incident: _____

Frequency

How frequently does the problem occur?

- Less than 1 time / month Less than 1 time / week 1-6 times / day More than 10 times / day

Is the frequency:

- Increasing Decreasing Unchanged

How likely is the dog to exhibit the behavior given a potentially problematic situation?

- 0-25% 25-50% 50-75% 75-100%

Note any other problem behaviors and the frequency of occurrence below:

Activity	No	When you are present (times / week)	When you are not at home (times / week)	Do not know
House soiling	<input type="checkbox"/>	(___ / ___)	(___ / ___)	<input type="checkbox"/>
Excessive barking/whining	<input type="checkbox"/>	(___ / ___)	(___ / ___)	<input type="checkbox"/>
Destructive chewing	<input type="checkbox"/>	(___ / ___)	(___ / ___)	<input type="checkbox"/>
Digging	<input type="checkbox"/>	(___ / ___)	(___ / ___)	<input type="checkbox"/>
Self licking/chewing	<input type="checkbox"/>	(___ / ___)	(___ / ___)	<input type="checkbox"/>
Pacing/repetitive behavior	<input type="checkbox"/>	(___ / ___)	(___ / ___)	<input type="checkbox"/>
Consume non-food object	<input type="checkbox"/>	(___ / ___)	(___ / ___)	<input type="checkbox"/>
Circles/chases tail/freeze	<input type="checkbox"/>	(___ / ___)	(___ / ___)	<input type="checkbox"/>

Household Information

Which best describes your residence type?

- Apartment Condo House House with acreage

Which best describes your neighborhood?

- Urban Suburban Rural

Yard? (YES/NO)

- If YES, please describe the yard's size: _____

Fence? (YES/NO)

- If YES, please describe the fence type and height: _____

Since you've owned your dog, how many residences has the dog lived in? _____



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

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

How serious do you and other members of the household find this problem:

Person Name	Mild	Moderate	Severe	Intolerable

List any other household pets **in the order** they came into the household:

Pet Name	Species / Breed	Age	Sex	Relationship

Pet Acquisition Background

How old was the dog when you first acquired it?

Where did you obtain your pet from? (e.g., shelter, pet-store, breeder facility, friend, etc.)

What made you choose this dog in particular?

Describe the behavior of littermates (if known):



Describe the personality of your dog **as a puppy** from the options below. You can choose multiple answers.

- Friendly to family members
 Aggressive to family members
 Aggressive to strangers
 Friendly to strangers
 Shy to strangers
 Extremely submissive
 Happy, outgoing
 Fearful of environment
 Aloof
 Anxious
 Hyper-excitable
 Inhibited
 Fearful of noises
 Do not know
 Other, please describe:

Describe the personality of your dog **today** from the options below. You can choose multiple answers.

- Friendly to family members
 Aggressive to family members
 Aggressive to strangers
 Friendly to strangers
 Shy to strangers
 Extremely submissive
 Happy, outgoing
 Fearful of environment
 Aloof
 Anxious
 Hyper-excitable
 Inhibited
 Fearful of noises
 Do not know
 Other, please describe:

Spay/Neuter Information

Is your dog spayed or neutered? (YES/NO)

If YES, did you notice any change in your dog after spaying/neutering? Please describe below.

Medical History

Please list any major illnesses or surgeries (if any):

Please list all current medical problems (if any):

Please list all medications and/or supplements:

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



Daily Activities and Routine

When and where is the dog fed?

Who usually feeds the dog?

Please describe your dog's diet below:

Type of Food	Frequency of Feeding	Amount Food Served

Eating habits:

- Eats right away Picky eater Anxious eater Guards food from people
- Guards food from dogs Other _____

Type of treat(s)?

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?

- Happy Startled Growls Bites
- Scared Grumpy Playful

Leashed Exercise:

Does your dog get regular leash walks? (YES/NO)

If NO, why not?

- 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 leashed walks?

How often?

How long are the walks?

Locations? (e.g., around neighborhood, in town, park)



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

- Flat buckle collar Body harness Head collar (Gentle Leader) Training/ choke collar
- Prong collar Retractable leash Long leash (6+ ft) Average leash (4-6 ft)
- Short leash (0-4 ft) Other, _____

How is your dog on leash?

- Excellent** **Good** **Fair** **Poor** **Bad**
- Never pulls, pays attention to me Rarely pulls Pulls but I'm able to control Pulls, difficult to control 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?

How long?

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

Play:

What are your dog's favorite toys? (check all that apply)

- Balls Stuffed animals Rope toys Soft squeaky toys
- Frisbee Hard chew toys Tug toys Rubber toys (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 dogs
- Fetch Shakes and "kills" toys Chews toys Other _____

List five things (in order of preference) that your dog likes to play with:

1. _____
2. _____
3. _____
4. _____
5. _____

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



- How often does your dog play with toys? Several times per day Once daily Several times per week Weekly or Rarely Never
- How often does your dog play with people? Several times per day Once daily Several times per week Weekly or Rarely Never
- How often does your dog play with dogs? Several times per day Once daily Several times per week Weekly or Rarely Never

Living Spaces/Being Left Alone:

Where does your dog spend the most time when people **are home**?

- Loose in house. If YES, is there also outside access? (YES/NO)
- Confined to a part of the house (e.g., gates). If YES, is there also outside access? (YES/NO)
- Inside in a crate or pen
- Loose in the yard
- Outside in a kennel or pen
- Other

Where does your dog spend the most time when people **are not home**?

- Loose in house. If YES, is there also outside access? (YES/NO)
- Confined to a part of the house (e.g., gates). If YES, is there also outside access? (YES/NO)
- 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 Excited
- Urinates / defecates Escapes Destructive Anxious 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 those below.

Describe a typical 24 hour day in your dog's life, starting with when and where your 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 as well.



Training

Has your dog had any formal or informal training? (YES/NO)

If YES, please list the training information below

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

What training techniques have you used? (check all that apply):

Training collar
 Food rewards
 Clicker training
 Electronic collar
 Other _____

Who in the household trained your dog?

Commands:

Command / Cue	Percent of time dog obeys without distractions	Percent of time dog obeys with distractions	Happy with dog's responsiveness?
Sit			
Down			
Stay			
Heel (loose leash walk)			
Recall (come)			
Retrieve (fetch)			
Give (drop)			
Look			
Touch			
Shake			
Other			

Situational Assessment:

Please check all that apply to your dogs behavior in these situations:

Activity / Situation	Happy	Neutral	Fearful/ Anxious	Does not like, but allows	Bark or Growl	Snap or Bite	Do not know
Unfamiliar people at door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar people in home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar people, neutral territory, on leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar people, neutral territory, off leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar people, neutral territory, approaching/trying to pet, on leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children or bicycles, roller blades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joggers (adult)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cars/trucks passing by, on leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar dogs, on leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfamiliar dogs, off leash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squirrels, cats, small animals approaching dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog in yard, another dog passes by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog in yard, person passes by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nail trimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooming/bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family member reaches over, petting on head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family member reaches over, pets dog elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family member lifts dog up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grasping collar, restraining dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roughhousing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take food dish while dog eats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take away bone/toy/object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disturbing sleeping dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal reprimand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical reprimand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leash correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staring at dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior toward other household dog(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When you leave the residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When you return to residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activity / Situation	Happy	Neutral	Fearful/ Anxious	Does not like, but allows	Bark or Growl	Snap or Bite	Do not know
Car rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stranger approaches car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum cleaner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thunder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud Noises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has your dog ever bitten a person? (YES/NO)

If YES, describe the victim(s). Note their age, gender, actions (e.g., 10 year old boy waving stick).

Have any bites been reported to Animal Control or other authorities? (YES/NO)

Comments:

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

- Made contact but no 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 ER treatment. Describe: _____

Have any victim's threatened/taken legal action because of an aggressive incident? (YES/NO)

If YES, describe incident:

Has anyone suggested you euthanize or rehome this dog because of this problem? (YES/NO)

Have you ever considered euthanasia or rehoming your dog because of this problem? (YES/NO)

What have you tried so far to address the behavior problem? What is the dog's response to each attempt?



What is your goal for your dog 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: _____

