



Karen Sueda Veterinary Behavior, Inc.

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CANINE BEHAVIOR PATIENT REGISTRATION AND HISTORY FORM

Please fill out completely and return to schedule your appointment. The completeness of the information on this form will allow us to spend more time during your appointment discussing and demonstrating treatment techniques and less time gathering background information.

Cancelation Fee: As a courtesy to other clients and our staff, we ask that you give us at least 48 hours' notice if you need to reschedule or cancel your appointment. If you cancel your appointment with less than 48 hours' notice, you will be charged **\$150 cancelation fee**. We understand that illness and other unforeseen events do occur. We will do our best to remind you of your upcoming appointment. **Check to acknowledge.**

Payment is due at the conclusion of the appointment. As a small business, our preferred payment is Zelle® or personal check to avoid processing fees. If using Zelle®, please confirm your "SEND" limit prior to your appointment. If you have questions or are using a different payment method, contact Karen Sueda Veterinary Behavior, Inc. (KSVB) prior to your appointment as there may be additional processing fees. **Check to acknowledge.**

Client (OWNER) Information

First & Last Name: Date of Birth (MM/DD/YY):

Address (Number & Street):

City: State: Zip Code:

Home Phone: Mobile Phone: Work Phone:

Email Address:

INFORMED CONSENT FOR CONTACT: By checking the boxes below, you are providing your informed consent for Karen Sueda Veterinary Behavior, Inc. (KSVB) to contact you via text (SMS) messaging, email, phone and/or video calls using the information provided above or otherwise self-reported to KSVB. We do not share contact information with third-party organizations without your consent except to allow for continued veterinary care for your pet or when required by law. To view our Terms of Service and Privacy Policy, visit www.ksvetbehavior.com.

Text (SMS) messaging (Message and data rates may apply; you may opt-out at any time by texting STOP, emailing info@ksvetbehavior.com or informing Dr. Sueda.)

Email

Phone call

Video call

Veterinarian Information

Unless you request otherwise, we will send a referral update to your primary care veterinarian and/or trainer.

Clinic Name: Clinic Phone:

Doctor(s) Name:

Who referred you to KSVB?

Patient (PET) Information

Name: Breed:

Date of Birth (MM/DD/YY): Weight (lbs): Color:

Sex: Approx. Age at Acquisition:

Describe previous home(s) or history (if known):

Household Information

Please list all **people in your household** and those **people who regularly interact with your pet** (e.g., pet sitter, dog walker):

Name	Age (Years)	Relationship (e.g., spouse/partner, son/daughter, dog walker)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list all **other pets in your household** (in the order they came into the household):

Name	Species & Breed	Sex	Current Age	Age Acquired

Patient (PET) Medical History

List any **major illnesses or surgeries** and include approximate **dates** when they occurred:

List all **medications/treatments** your pet currently receives including **prescription diet**, heartworm, flea preventative, dietary supplements, herbal/homeopathic treatments:

Name of Medication	Dosage and Frequency Given	Date Started Medication

Training

What **commands** does your pet know (e.g., “sit”, “down”, “shake”, “come”, “stay”, “go to your bed”)?

Primary Behavior Problem

From the list below, **SELECT ONE BEHAVIOR ISSUE** that is your **PRIMARY CONCERN**. We will focus on this issue at the behavior appointment.

- | | |
|--|--|
| <input type="checkbox"/> Aggression toward human household member(s) | <input type="checkbox"/> Suspected separation anxiety (e.g., fear or undesirable behavior when home alone) |
| <input type="checkbox"/> Aggression toward visitors to the home | <input type="checkbox"/> Fearful/anxious of noise(s) (e.g., rain/wind/storms, alarms, motor vehicles) |
| <input type="checkbox"/> Aggression toward people away from home (e.g., on walks, at veterinarian, other locations) | <input type="checkbox"/> Generalized anxiety without aggression (e.g., hides/reclusive most of the time, refuses to go on walks) |
| <input type="checkbox"/> Aggression toward canine/feline housemate | <input type="checkbox"/> Fearful of specific locations or situations (e.g., vet hospital, car rides/travel) |
| <input type="checkbox"/> Aggression toward unfamiliar dogs (e.g., on walks, dogs walking past home, visiting dog, at dog park, at daycare) | <input type="checkbox"/> Housesoiling (i.e., urinating or defecating in the home) |
| <input type="checkbox"/> Repetitive behavior (e.g., tail chasing/spinning, light/shadow chasing, compulsive running) | <input type="checkbox"/> Senior dog with possible age-related behavior changes (e.g., pacing/panting at night, disorientation) |
| <input type="checkbox"/> Eating non-food items or pica (e.g., socks, rocks, household objects) | <input type="checkbox"/> Other (Please be as detailed as possible and use additional pages if necessary): |

Describe your pet's behavior for the **PRIMARY BEHAVIOR PROBLEM** indicated above.

Some examples:

Aggression toward human household members: "Growls and bites when toy is taken away"

Aggression toward human visitors: "Barks when the doorbell rings", "lunges and tries to bite when visitor enters"

Suspected separation anxiety: "Barks and scratches the door as soon as I leave the house"

Describe the **VERY FIRST** incident of this problem. Include where the incident occurred, who else (human and animal) was present, what happened just before the incident, how everyone present reacted.

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 they growled or barked at someone, not the first bite. Or, if your dog urinates in the house, describe the first time they urinated including the location and triggering situation (e.g. home alone; doorbell rang).

Approximate Date of Event:

Pet's Age at That Time (Approximate is OK):

Describe per instructions above the **MOST RECENT** incident.

Approximate Date of Event:

Pet's Age at That Time (Approximate is OK):

How **frequent** is this behavior?

Examples: "Dog barks at 50% of the people you see on walks"; "dog barks every time he is left alone but urinates in the house only once a week"; "dog urinates in the house 3x/week".

What **situations trigger** this behavior?

Examples: "Dog barks at all strangers if they are within 10 feet of him and may bark at people further away if they are carrying bags or in uniform (e.g. FedEx)"; "dog barks within 5 minutes of our departure but urinates in the house if we've been gone for more than an hour"

What have you done to try to correct this problem?

What are your goals for your pet?

List **other behavior issues** you find problematic:

Bite Screen

Aggression Toward People: Has your pet ever bitten a **person**? Yes No

Aggression Toward Other Animals: Has your pet ever bitten another **dog (or cat)**? Yes No

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

- Made contact but didn't leave a mark
- Small red mark/bruise but didn't break skin
- Broke skin, minor puncture/scrape
- Multiple bites with minor punctures/scrape
- Single bite with deep punctures or torn flesh
- Multiple bites with deep punctures or tears
- Bites to multiple locations on body

Have people threatened/taken **legal action** because of an aggressive incident? Yes No

Have you considered **relinquishing or rehoming** your pet? Yes No

Have you considered **euthanizing** your pet because of his/her behavior problem? Yes No

Additional Comments

Feel free to include any additional comments or concerns you would like to share with us.

BEHAVIOR APPOINTMENT SCHEDULING CHECKLIST

All the following must be completed and received by KSVB before you are able to schedule a behavior appointment. By clicking the boxes below and submitting this form to KSVB, you attest to the following:

- I have completed the **Behavior Patient History Form**, and I certify that the above facts are accurate to the best of my knowledge and belief.
- I have read and initialed the **Consent for Treatment/Terms of Service Agreement** available at www.ksvetbehavior.com.
- I have read and initialed the **Notice of Privacy Policies** available at www.ksvetbehavior.com.

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 Karen Sueda Veterinary Behavior, Inc.

Client's Name:

Date:

Pet's/Pets' Name: