

CANINE BEHAVIOR PLAN



www.thefamilycompanion.com

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Referring Veterinarian: _____ Hospital: _____
Phone #: _____ Address: _____
E-mail: _____

Client Name: _____ Dog Name: _____
Address: _____ Breed: _____
Age: _____
Phone#: _____ Sex: _____

RECOMMENDATION

Puppy Pre-School Family Companion Class Private In-Home Instruction Behavior Problem

VACCINATION RECORD

DHLPP: _____ BORDETELLA: _____ OTHER: _____
DHLPP: _____ RABIES: _____ OTHER: _____

In addition to our services, please state any other recommendations made to client (i.e. head halter, diet change, management, behavior mod.): _____

Please complete the balance of this form, including the behavior check list, if your recommendation pertains to a behavior problem

Request to employ the services of Dr. Julia Albright, Veterinary Behaviorist: _____
Date of dog's last PE: _____
Significant medical condition(s) which may exacerbate the behavior problem or affect the behavior modification program:

List any medical work-ups/screenings recently performed that might relate to this problem:

Please list any medications dog is currently on and their dosages:

Behavioral Diagnosis

Eliminative

- Bed Wetting
- House soiling
- Marking
- Excitable urination
- Submissive urination

Social

- Excessive vocalization
- Super submission
- Separation anxiety

Reproductive

- Infantophagia
- Mounting/masturbation

- Inappropriate nursing

Ingestive

- Coprophagia
- Destructive Chewing
- Pica
- Anorexia
- Compulsive eating/drinking
- Prey catching
- Stealing food

Conflict/Compulsive

- Licking/sucking/chewing
- Excessive grooming
- Self mutilation

- Circling/tail chasing/pacing

Fear/phobias

- Noise
- People
- Animals
- Situations
- Objects

Aggression

- Conflict related
- Disease induced
- Excitement induced
- Fear induced
- Interdog
- Learned
- Maternal
- Pain induced
- Play
- Predatory

- Redirected
- Sibling rivalry
- Alliance aggression
- Territorial
- Resource guarding

Other

- Hyperexcitability
- Hyperkinesis
- Conditioned unwanted behavior

Treatment Plan

- Avoiding situation
- Change in environment
- Crate confinement
- Crate training
- Counterconditioning
- Dietary change
- Disruption of behavior
- Desensitization(systematic)

- Euthanasia recommended
- Ignore at specific times
- Increasing exercise
- Planned departures
- Punishment
- Punishment ceased
- Regular schedule
- Response substitution

- Rewarding appropriate Behavior
- Training (lure reward)
- Training (clicker)
- Training specific exercise
- Umbilical cord technique
- Withholding reward

- Other
- _____
- _____
- _____
- _____
- _____

Comments/Treatment Details:

Has the dog bitten? Yes No Unknown If so, how many times: _____
 How severe were the bite(s) Did not make contact Did not break skin Puncture Medical care needed
 Does the dog give warning? Yes no unknown
 Bite history comments:

Veterinarian Signature: _____ date: _____

