

Canine Behavior Plan

Client's Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Dog's Name: _____ Age: _____ Breed: _____ M Mx F Fx

Vaccination History: Rabies _____ DHLPP _____ Bordatella _____ Other _____

Behavioral Diagnosis

- | | | | |
|---|---|---|--|
| Social
<input type="checkbox"/> Excessive vocalization
<input type="checkbox"/> Super submission
<input type="checkbox"/> Separation anxiety
<input type="checkbox"/> Lack of training | Reproductive
<input type="checkbox"/> Infantophagia
<input type="checkbox"/> Masturbation
<input type="checkbox"/> Pseudocyesis | <input type="checkbox"/> Pain induced
<input type="checkbox"/> Play
<input type="checkbox"/> Predatory
<input type="checkbox"/> Redirected
<input type="checkbox"/> Sibling rivalry
<input type="checkbox"/> Alliance aggression
<input type="checkbox"/> Territorial | Conflict/Stereotypy
<input type="checkbox"/> Conflict Behavior (acute)
<input type="checkbox"/> Disease induced
<input type="checkbox"/> Compulsive disorder |
| Eliminative
<input type="checkbox"/> House soiling
<input type="checkbox"/> Territorial marking
<input type="checkbox"/> Marking over scent
<input type="checkbox"/> Excitement urination
<input type="checkbox"/> Fear urination
<input type="checkbox"/> Disease induced | Aggression
<input type="checkbox"/> Conflict related agg.
<input type="checkbox"/> Disease induced
<input type="checkbox"/> Excitement induced
<input type="checkbox"/> Fear induced
<input type="checkbox"/> Interdog
<input type="checkbox"/> Intermale
<input type="checkbox"/> Learned
<input type="checkbox"/> Maternal | Ingestive
<input type="checkbox"/> Coprophagia
<input type="checkbox"/> Destructive Chewing
<input type="checkbox"/> Disease induced
<input type="checkbox"/> Pica
<input type="checkbox"/> Stress anorexia | Other
<input type="checkbox"/> Global Fear
<input type="checkbox"/> Specific fear(s)
<input type="checkbox"/> Hyperexcitability
<input type="checkbox"/> Hyperkinesis
<input type="checkbox"/> Conditioned unwanted beh.
<input type="checkbox"/> Conditioned abnormal beh. |

Treatment Plan

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Avoiding situation | <input type="checkbox"/> Desensitization (systematic) | <input type="checkbox"/> Planned departure | <input type="checkbox"/> Training (lure reward) |
| <input type="checkbox"/> Change in environment | <input type="checkbox"/> Desensitization (drug) | <input type="checkbox"/> Punishment | <input type="checkbox"/> Training (clicker training) |
| <input type="checkbox"/> Crate confinement | <input type="checkbox"/> Euthanasia recommended | <input type="checkbox"/> Punishment ceased | <input type="checkbox"/> Training specific exercise:
_____ |
| <input type="checkbox"/> Crate training | <input type="checkbox"/> Head halter | <input type="checkbox"/> Regular schedule | _____ |
| <input type="checkbox"/> Counterconditioning | <input type="checkbox"/> Ignore at specific times | <input type="checkbox"/> Response substitution | _____ |
| <input type="checkbox"/> Dietary change | <input type="checkbox"/> Ignoring most of time | <input type="checkbox"/> Rewarding appropriate behavior | <input type="checkbox"/> Umbilical cord technique |
| <input type="checkbox"/> Discrimination training | <input type="checkbox"/> Increasing exercise | | <input type="checkbox"/> Withholding reward |
| <input type="checkbox"/> Disruption of behavior | | | |
- Other treatment: _____

Comments / Treatment Details

Significant medical condition / medication which may exacerbate the behavior problem or affect the behavior modification program:

Has the dog bitten? Yes No Unknown If so, how many times? _____

How severe was the bite(s)? Did not make contact Did not break skin Puncture Medical care needed

Does the dog give warning before biting? Yes No Unknown

Bite history comments (use back of form if needed):

Referring Veterinarian Name: _____ Phone: _____ Fax: _____

Veterinarian Signature: _____ Date: _____