



## Behavior Modification Program

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

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex \_\_\_\_\_ Altered? Y/N

DOB: \_\_\_\_\_ Acquired Animal From: \_\_\_\_\_ When? \_\_\_\_\_

When you first got your dog, why did you choose this specific breed?

\_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Vaccines are required for your pet to participate in Elm Point Animal Hospital's Training Program. It is the owner's responsibility to have appropriate vaccinations administered to the dog to protect his/her from any disease potentially transmitted in the boarding, training, and socializing setting.

Required Vaccinations:

- ☐ Distemper
- ☐ Bordetella
- ☐ Flu
- ☐ Rabies (if old enough)

Please list any food allergies that you or your dog may have:

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Elm Point's Dog Training Program: \_\_\_\_\_

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

(If a minor, a parent or legal guardian must sign.)

Has there been an instance or several instances that have caused you to seek out training? If yes, please explain.

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Does your dog have any health issues or injuries? (Y N) If yes, please explain.

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List all known triggers of reactivity/aggression for your dog:

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When your dog is reacting to a trigger what behaviors are they exhibiting?

Please circle any you have witnessed.

Avoids things/people

Barking

Chasing

Chewing

Cowering

Cranky upon waking

Destructive

Digging

Drooling

Eating stuff

Grabbing stuff

Grooming too much

Growling

Herding

Hiding

Humping

Hunting

Ignores me

Jumping up/on us

Kills other animals

Leash biting

Licking stuff

Licking self

Lip licking

Lunging

Marking

Mouthing

Nipping

Pacing

Panting

Pawing

Pees a lot

Potty issue:

Pulling on walks

Quiet/doesn't play

Resource guarding

Running away

Shaking/trembling

Snapping Contact? Y/N

Snarling

Sniffing

Spinning

Stalking

Standing on others

Staring

Steals things

Stopping on walks

Sweaty paws

Whining

Vigilant/tense

Vocal

"Witching hour"/Zoomies

Anything not listed:

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Is there anything you have noticed that helps your dog to calm down when they become reactive? (Y N) If yes, please explain.

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Does your dog have a bite history with people or animals? If yes, please explain:

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Is your dog muzzle trained? (Y N)

Does your dog resource guard? ( Y N) If yes, please list items guarded:

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What management and safety measures do you have in place at this time?

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Does your dog get along with other pets in the home? (Y N) If no, please explain.

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What goals do you have for your dog? *Please list in order of how you would like them prioritized.*

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Please list any/all training that you have done with your dog so far?

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Is there anything else about your dog's behavior that you want to tell us? (Y N)

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# Elm Point Animal Hospital

## Dog Training Program - Waiver and Agreement

I understand that participation in Elm Point Animal Hospital Training Program which include: Group Classes, Private Sessions, Seminars, and Special Events are not without some risk. By signing hereunder, I certify that I have been informed and understand that there is always some unavoidable risk of injury involved when working with animals, especially animals with behavioral issues. I acknowledge that dogs can be inherently difficult to control and that not all dogs will be under control at all times resulting in the possibility of injury to me, my dog, my family members, or third parties. By signing below, I assume any and all risks that may occur by my participation in the Elm Point Animal Hospital Training Program. I hereby waive the responsibilities and release Elm Point Animal Hospital, its employees, and its affiliates from any claims which may occur on Elm Point Animal Hospital property or surrounding areas resulting from participation in Elm Point Animal Hospital Training Program. I agree to assume fees/medical expenses related to any injury or damage resulting from or cautions by the action of dog(s).

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

Print Name: \_\_\_\_\_

(If a minor, a parent or legal guardian must sign.)

### For Elm Point Animal Hospital's Evening Class Training Program:

I have received, read, and understand the rules in place for the Behavior Modification Program.

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

(If a minor, a parent or legal guardian must sign.)

## Additional Information for Elm Point's Day-Training Program

Dog's favorite toys:

\_\_\_\_\_

Dog's favorite treats:

\_\_\_\_\_

Dog's favorite games or activities:

\_\_\_\_\_

Anything else you want us to know about you dog:

\_\_\_\_\_

\_\_\_\_\_

♦Does your pet tear up/eat bedding/toys? YES / NO

♦Does your pet need fed during their stay? YES / NO

*(There is an additional feeding fee of \$5 per day if you choose "Hospital Food")*

What food? ☐ Hospital Food ☐ Pet's Own Food

How much? \_\_\_\_\_

Times of day: ☐ Morning ☐ Midday ☐ Evening

◆ **Medications/ Treatments/ Special Accommodations** ◆

*(There is an additional medicating fee)*

Does your pet require medication or treatment while boarding? **YES** or **NO**

1) Medication Name \_\_\_\_\_ How Much/Often \_\_\_\_\_

It is the nature of emergency medicine that situations which cannot be predicted and which requires emergency treatment may arise. In those situations, treatment often must be initiated immediately and without the veterinarian having the time to contact the owner. Because of this we require all owners to state their wishes with regard the options below:

( ) I wish for CPR to be performed on my pet if they suffer from cardiac or respiratory arrest. I understand my pet may pass away despite CPR. I understand the initial fee for CPR is between \$100 to \$300 dollars.

( ) **I DO NOT** want CPR to be performed by the medical staff on my pet. I understand if my pet goes into cardiac arrest my pet will pass away without CPR.

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

(If a minor, a parent or legal guardian must sign.)