

Marcia Rafter Richie, LVT, CPDT, VTS-Behavior



Referring Veterinarian \_\_\_\_\_

Hospital \_\_\_\_\_

Telephone # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

E-mail \_\_\_\_\_

Client Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone # \_\_\_\_\_

Dog Name \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

---

Recommendation

Puppy Pre-School

Family Companion Class

Private In-Home Instruction

Behavior Problem

---

Vaccination Record

DHLPP \_\_\_\_\_ Bordatella \_\_\_\_\_ Other \_\_\_\_\_

DHLPP \_\_\_\_\_ Rabies \_\_\_\_\_ Other \_\_\_\_\_

---

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

---

---

---

Canine Behavior Plan  
Veterinary Referral Form  
www.thefamilycompanion.com

Marcia Rafter Richie, LVT, CPDT, VTS-Behavior



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 of any medical workups/screenings performed that might relate to this problem

---

---

---

---

Please list any medications the dog is currently on, and the dosages

---

---

---

---

## Behavioral Diagnosis

- |  |   |   |
|--|---|---|
| <p><b>Eliminative</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Bed Wetting</li><li><input type="checkbox"/> House Soiling</li><li><input type="checkbox"/> Marking</li><li><input type="checkbox"/> Excitable Urination</li><li><input type="checkbox"/> Submissive Urination</li></ul> <p><b>Social</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Excessive Vocalization</li><li><input type="checkbox"/> Super Submission</li><li><input type="checkbox"/> Separation Anxiety</li></ul> <p><b>Reproductive</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Infantophagia</li><li><input type="checkbox"/> Mounting/Masturbation</li><li><input type="checkbox"/> Inappropriate Nursing</li></ul> | <p><b>Ingestive</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Coprophagia</li><li><input type="checkbox"/> Destructive Chewing</li><li><input type="checkbox"/> Pica</li><li><input type="checkbox"/> Anorexia</li><li><input type="checkbox"/> Compulsive Eating/Drinking</li><li><input type="checkbox"/> Prey Catching</li><li><input type="checkbox"/> Stealing Food</li></ul> <p><b>Conflict/Compulsive</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Licking/Sucking/Chewing</li><li><input type="checkbox"/> Excessive Grooming</li><li><input type="checkbox"/> Self Mutilation</li><li><input type="checkbox"/> Circling/Tail Chasing/Pacing</li></ul> <p><b>Fear/Phobias</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Noise</li><li><input type="checkbox"/> People</li><li><input type="checkbox"/> Animals</li><li><input type="checkbox"/> Situations</li><li><input type="checkbox"/> Objects</li></ul> | <p><b>Aggression</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Conflict Related</li><li><input type="checkbox"/> Disease Induced</li><li><input type="checkbox"/> Excitement Induced</li><li><input type="checkbox"/> Fear Induced</li><li><input type="checkbox"/> Interdog</li><li><input type="checkbox"/> Learned</li><li><input type="checkbox"/> Maternal</li><li><input type="checkbox"/> Pain Induced</li><li><input type="checkbox"/> Play</li><li><input type="checkbox"/> Predatory</li><li><input type="checkbox"/> Redirected</li><li><input type="checkbox"/> Sibling Rivalry</li><li><input type="checkbox"/> Alliance Aggression</li><li><input type="checkbox"/> Territorial</li><li><input type="checkbox"/> Resource Guarding</li></ul> <p><b>Other</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Hyperexcitability</li><li><input type="checkbox"/> Hyperkinesis</li><li><input type="checkbox"/> Conditioned Unwanted Behavior</li></ul> |
|--|---|---|
- 

## Treatment Plan

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Avoiding Situation</li><li><input type="checkbox"/> Change in Environment</li><li><input type="checkbox"/> Crate Confinement</li><li><input type="checkbox"/> Crate Training</li><li><input type="checkbox"/> Counterconditioning</li><li><input type="checkbox"/> Dietary Change</li><li><input type="checkbox"/> Disruption of Behavior</li><li><input type="checkbox"/> Desensitization (Systematic)</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Euthanasia Recommended</li><li><input type="checkbox"/> Ignore at Specific Times</li><li><input type="checkbox"/> Increased Exercise</li><li><input type="checkbox"/> Planned Departures</li><li><input type="checkbox"/> Punishment</li><li><input type="checkbox"/> Punishment Ceased</li><li><input type="checkbox"/> Regular Schedule</li><li><input type="checkbox"/> Response Substitution</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Rewarding Appropriate Behavior</li><li><input type="checkbox"/> Training (Lure Reward)</li><li><input type="checkbox"/> Training (Clicker)</li><li><input type="checkbox"/> Training Specific Exercise</li><li><input type="checkbox"/> Umbilical Cord Technique</li><li><input type="checkbox"/> Withholding Reward</li><li><input type="checkbox"/> Other</li></ul> <hr/> <hr/> <hr/> |
|--|---|--|

Comments/Treatment Details \_\_\_\_\_

---

Has the dog bitten?     Yes     No     Unknown    If yes, how many times? \_\_\_\_\_

How severe were the bite(s)?

Did not make contact     Did not break skin     Puncture     Medical care needed

Did the dog give warning?     Yes     No     Unknown

Bite History Comments \_\_\_\_\_

---

Veterinarian Signature \_\_\_\_\_ Date \_\_\_\_\_