

modification):

8 Blackburn Dr, W, SW Edmonton, Alberta, T6W 2K5 780 - 439 - 4353

training@companionvet.ca

Behaviour Referral Form

This form is for veterinarians interested in referring patients to our training team. If you're interested in referring to one of our vets, please call 780-439-4353

| Referring Veterinarian: | | | | | | | |
|-------------------------|----------------|---------------------|---------------------|--------------------|--------|--|--|
| Veterinary Clinic: _ | | | | | | | |
| Clinic Address: | | | | | | | |
| | | | | | | | |
| E-mail: | | | | | | | |
| | | | | | | | |
| Client Name: | | | | | | | |
| Address: | | | | | | | |
| | Email Address: | | | | | | |
| Dog's Name: | | Breed: | | Age: | Sex: | | |
| Vaccines UTD: | Yes | No | | | | | |
| Recommendations | made to the | client (i.e. head h | nalter, diet change | e, management, beh | aviour | | |



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| Significant medical condition(s) which may exacerbate the behaviour problem or affect the behaviour modification program: | | | | | | | | |
|---|----------------------|----|-------------------------|--|--|--|--|--|
| Medications the dog is currently on, and the dosages: | | | | | | | | |
| Has the dog bitten? | Yes | No | 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: | | | | | | | | |



Behavioural Diagnosis

| Fear/Anxiety | | | | |
|--|--|---|--|--|
| Separation anxiety/distress | Play induced | Excitement urination | | |
| Generalized anxiety | Fear/defensive induced | Extreme fear/appeasement | | |
| People | Disease or pain induced | urination | | |
| Animals | Territorial | Other | | |
| Situations | Learned | | | |
| Global Fear | Inter-dog (unknown) + | Ingestive | | |
| Compulsive disorder | motivation | Coprophagia | | |
| Acute conflict | Inter-dog (household) + | Predatory | | |
| behaviours/stereotypy | motivation | Pica | | |
| Sound/Thunderstorm phobia | Redirected | Other | | |
| Confinement | Conflict-induced | other | | |
| Veterinary | Possessive | Other | | |
| handling/procedures | Idiopathic | Hyperexcitability | | |
| Vehicular/Travel | Other | Cognitive dysfunction | | |
| Other | Other | Conditioned unwanted | | |
| Other | Flinsingtion | | | |
| | Elimination | behaviour | | |
| Aggression | House soiling | Other | | |
| Maternal/hormone induced | Urine marking | | | |
| Alternate appropriate behaviourAvoiding situationChange in environmentCrate confinementCrate training (airline or wire crate)Counterconditioning | Treatment Plan Desensitization (systematic)Desensitization (drug)EnrichmentEnvironmental managementEuthanasia recommendedIncreased exercisePlanned departuresPunishment ceased | Rewarding appropriate behaviourResponse substitutionTraining (Lure reward)Training (Clicker)Training specific exerciseWithholding rewardCooperative care training | | |
| Dietary change | Regular schedule | Other | | |
| Disruption of behaviour | | | | |
| Comments/Treatment Details: | | | | |
| Veterinarian Signature: | | Date: | | |