

White Oak Animal Hospital Registration Form

Date _____
 Owner's Name _____ Spouse/Other _____
 *E-mail address _____ *Cell Phone _____
 (*Required for yearly reminders and appointment confirmations.*)
 Street Address _____
 Physical Address if above is P.O. Box _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Spouse/Other Cell Phone _____
 Employer's Name _____ Work Phone _____
 Spouse's Employer's Name _____ Work Phone _____
 In case of an EMERGENCY, please call _____ at number _____

Please list all pets in your household:

<i>Is This Pet Here Today?</i>	<i>Pet Name</i>	<i>Sex</i>	<i>Spayed/Neutered</i>	<i>Breed</i>	<i>Color</i>	<i>Date of Birth</i>

How did you hear of us?
 Yellow Pages Driving By Individual _____ Other _____

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required before treatment.

Owner or Responsible Party _____

If this account becomes delinquent, I hereby agree to pay 33 1/3 % attorney fees and all other costs to collect this debt.

Owner or Responsible Party _____

**White Oak Animal Hospital
10 Walsh Lane
Fredericksburg, VA. 22405
540-374-0462**

White Oak Animal Hospital Hours

Monday, Wednesday, and Friday: 7:00 am – 6:30 pm

Tuesday and Thursday: 7:00 am – 8:00 pm

Saturday: 8:00 am – 1:00 pm

I am aware that the hospital is not continuously staffed overnight. Arrangements can be made to transfer patients to an overnight facility when necessary.

Owner or Agents Signature _____

Date _____

White Oak Animal Hospital
10 Walsh Lane
Fredericksburg, Va. 22405
540-374-0462 / fax 540-374-1798
Email woahvets@hotmail.com

Playtime & Training Participation Requirements

Welcome to White Oak Animal Hospital's playtime and training program. In order to participate in our program your dog must meet the following health requirements.

****Please take this form to your veterinarian to complete prior to participation.****

Date _____

Pet's Name _____

Owner's Name _____

Vaccines

DATE GIVEN

_____ DHLPP (Dist/Hep/Lepto/Parainfluenza/Parvo) (1 year or 3 year – **circle one**)

_____ Bordetella

_____ Canine Flu ***Bivalent***

_____ Rabies (1 year or 3 year – **circle one**)

Parasite Testing

DATE PERFORMED

_____ FECAL exam with **Giardia**, RESULTS: _____

Veterinarian signature _____ Date _____

Veterinarian's address and contact information: _____

OWNER PLEASE INITIAL

_____ **Negative fecal results required for participation.**

_____ **Monthly heartworm and intestinal parasite control highly recommended. Preventions that cover whipworms, hookworms, and roundworms are ideal.**

_____ **Flea and tick control highly recommended. Products that cover adult fleas, immature fleas, and flea eggs, as well as ticks, are ideal.**

Owner Signature: _____ Date _____

WHITE OAK ANIMAL HOSPITAL DOG PLAYTIME/ TRAINING PARTICIPATION GUIDELINES

PLEASE INITIAL:

_____ - Is your dog spayed or neutered? **YES or NO?**

Intact pet guidelines: FEMALES: - All females must be spayed by 7 months of age

- NO IN HEAT FEMALES ALLOWED IN PLAYTIME

MALES: - Male dogs under 50# must be neutered by 7 months of age

- Male dogs over 50# must be neutered by 12 months of age

_____ - All puppies must receive a Rabies vaccine by 16 weeks of age in order to continue participating in dog training. We require a current DHLPP, Bordetella, and Bivalent FLU vaccine to participate in any training services. A negative fecal to include giardia required for participation in group training services.

_____ - Any dog involved in an altercation with another dog may be asked to discontinue their participation in training. This decision will be made on a case-by-case basis and is at the sole discretion of White Oak Animal Hospital and its representatives.

_____ - Please make us aware of any signs of illness that you dog may have prior to **EACH** training session (i.e. coughing, diarrhea, etc).

_____ - White Oak Animal Hospital may use my dog's picture on their website or any social media site affiliated with White Oak Animal Hospital.

_____ - Seasonally, pools and water fun are provided for our playtime pups. Your pet may go home wet and happy!

NO SHOW POLICY:

_____ - Please contact us **24 hours in advance** to cancel a scheduled playtime/ training session. Our space is limited and we would like the opportunity to offer your space to another playful pup.

* If we have two documented "no show" appointments on your account, we will ask for prepayment on any future playtime/ training sessions. All future no show charges will be applied to your account at a rate of \$20.00. *

PLAYTIME/ TRAINING RISKS:

_____ - I acknowledge and agree that my dog's participation in Dog Playtime and other training services involves some risks. I knowingly assume all risks thereto.

Examples of risks: - Acquiring kennel cough or canine influenza

- Injury

- Infection

- Parasites (internal and external)

I do herewith disclaim and indemnify and hold harmless the officers, directors, and employees of White Oak Animal Hospital from any and all loss, damage, and expense caused by reason of participation in Dog Playtime and training services.

_____ - I am aware that I am financially responsible for all fees associated with these risks.

White Oak Animal Hospital
10 Walsh Lane
Fredericksburg, VA. 22405
540-374-0462

PET TRAVEL RELEASE FORM
W/ TRAINING

I, _____, release White Oak Animal Hospital and its representatives of any liability associated with the following:
-Transporting of my pet to and from White Oak Animal Hospital.
-Participation in training services in other locations (i.e. downtown Fredericksburg, PetsMart , etc.). I am also aware that a veterinarian from White Oak Animal Hospital is not present at these locations. In case of an emergency, the training staff will return the dog to White Oak Animal Hospital for emergency care.

I understand the risks involved with the utilization of these services.

Owner/Agent Signature

Date

Witness

P T DOG TRAINING
Canine Behavioral History

Date: _____.

Client's Name: _____.

Address: _____.

Phone (c) _____ . (w) _____.

Dogs name: _____ . Breed: _____ . Weight: _____.

Age: _____ . Sex: M / F Email- _____.

Dog's Background

Neutered: Y / N At what age? _____. Why? _____.

Any behavior changes after neutering? _____.

For what purpose was this dog obtained? Companion/Protection/Show/Other
Explain _____.

Why did you choose this breed? _____
_____.

Have you owned dogs before? Y / N When: _____.

Where did you get this dog? Humane society/ Breeder/ Friend/Petshop/Stray/Other
Explain _____.

Age obtained? _____. If you are not the first owner describe the dogs previous home, if known. _____
_____.

How many littermates? _____. Male _____. Female _____. Why did you choose this dog over the others? _____.

Did you meet the puppies parents? Y/N explain _____.

Describe dogs behavior as a puppy. _____

ENVIRONMENTAL LIFESTYLE:

List names and ages of people living in household.

NAME	AGE	HOURS AWAY FROM HOME DAILY
------	-----	----------------------------

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

List all animals in household.

NAME	SPECIES	BREED	SEX	AGE OBTAINED	AGE NOW
------	---------	-------	-----	--------------	---------

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

What is your dogs relationship to the other animals in the house?

Have you moved since acquiring your dog? Y/N How many times? _____.

Has your household changed any since acquiring your dog? Y/N. Describe:

DIET AND FEEDING:

Type of food? _____ How much food do you feed? _____.

How often do you feed? _____. Does the dog eat immediately and finish all of the food? _____.

Who feeds the dog and where? _____.

DAILY SCHEDULE:

Type of exercise: _____.

How often is exercise offered: _____.

By whom?

Dogs favorite game/toy:_____.

What type of toys/bones does your dog have_____.

Where does you dog sleep at night?_____.

Where does dog stay when alone?_____.

Where does dog stay when you are home?_____.

Is your dog left outdoors unsupervised?Y/N How long?_____.

Where is your dog kept when outside? Fenced yard, tied-up, dog run, runs loose, other_____.

How long is your dog left alone on a typical weekday?_____. Weekend?_____.

How does you dog behave when you leave?_____.

How does your dog behave when you return?_____.

CRATE TRAINING:

Do you use a crate? Y/N If you stopped using a crate explain why._____.

Does your dog go into the crate willingly? Y/N How does your dog behave in the crate?

What time of day does your dog go into the crate and for how long?_____.

Where is the crate located, why_____.

OBEDIENCE TRAINING:

Has your dog had any previous obedience traing? Y/N If so, by what method?

Sent away to school? Y/N Name of school._____.

Private lessons? Y/N With whom?_____. How many?_____.

Group lessons? Y/N With whom?_____. How many?_____.

Did you finish classes? Y/N If no explain_____.

Did you train your dog yourself? Y/N At what age did training begin?_____.

With which family members?_____. What success did you have?_____

Describe any ongoing training._____

What training goals do you have._____.

How well does your dog obey the following commands?

Sit Down Stay Come Off Heel(no pull)

Does your dog know any tricks? Y/N Describe_____.

Behavior problems:

Does your dog jump on you or others w/o permission? Y/N explain_____

Does your dog paw at you or others? Y/N explain_____.

Does your dog lick you excessively? Y/N Explain_____.

Does your dog mount people? Y/N If yes whom does he/she mount?_____.

Does your dog mount other animals or objects? Y/N If yes, describe._____

Does your dog ever bark at you? Y/N Describe_____

Does your dog bark at other times? Y/N Describe_____

Does your dog dig or chew destructively? Y/N Describe_____.

Is your dog housebroken? Y/N Describe_____.

Does your dog raid the garbage? Y/N Describe_____.

Does your dog steal food from table/counters? Y/N Describe _____
_____.

Does your dog urinate when excited or scared? Y/N Describe _____

Other: _____.

What is your dogs' general activity level? Low/Average/High/Excessive

CORRECTIONS:

Have you ever used any of the following correction techniques?

Noise shaker can? Y/N Explain _____.

Water Pistol? Y/N Explain _____.

Physical (hitting, kicking)? Y/N Explain _____.

Shouting Y/N Explain _____.

Muzzle grab Y/N Explain _____.

Pinning/Rollover? Y/N Explain _____.

Scruff shake? Y/N Explain _____.

Time out? Y/N Explain _____.

E-collar? _____.

CHRONOLOGY OF THE BEHAVIORAL PROBLEM

What is the main behavioral problem or complaint? _____
_____.

Additional problems, Please list:

1. _____
2. _____
3. _____
4. _____

How frequently does the problem(s) occur (how many times daily, weekly or monthly)?

Main problem: _____.

Frequency: _____.

Other problem: _____ . Frequency: _____.

Other problem:_____ . Frequency:_____ .

When did you first notice the main problem?_____ .

When did it first become a serious concern?_____ .

In what general circumstances does the dog misbehave?_____
_____ .

Has this problem changed in intensity? Explain_____
_____ .

Has this problem changed otherwise?_____ .

Describe several examples in detail: Date:
1. Most recent incident:_____

_____ .

2. Second to last incident:_____ . Date:_____

_____ .

3. Third to last incident:_____ . Date:_____

_____ .

Other significant incidents:_____

_____ .

What have you done so far to correct the problem(s)?_____

_____ .

How do you discipline your dog for this?_____

_____ .

MEDICAL HISTORY:

Is your dog on any medication for this or other problems? Y/N Explain_____

Date of most recent rabies vaccine: _____ 1 year, 3 year.

Veterinarian: _____.

AGGRESSION SCREEN

Growl=gr Snarl/bare teeth=sl Snap/bite=sb Bark=b No reaction=nr

1. Pet dog _____
 2. Hug dog _____
 3. Lift dog _____
 4. Push/pull off furniture _____
 5. Approach on furniture _____
 6. Disturb while sleeping/resting _____
 7. Approach while eating _____
 8. Touch while eating _____
 9. Take dog food away _____
 10. Take human food away _____
 11. Take water dish away _____
 12. Take rawhide/pig ear/cow hoof etc. _____
 13. Take bone/toy _____
 14. Take object _____
 15. Approach when dog has object/toy/bone _____
 16. Verbally punish _____
 17. Physically punish _____
 18. Stare at dog _____
 19. Bend over dog _____
 20. Push on shoulders or back _____
 21. Approach dog near spouse _____
 22. Enter room _____
 23. Leave room _____
 24. Reach toward dog _____
 25. Grab collar _____
 26. Leash dog _____
 27. Scruff restraint _____
 28. Bathe dog _____
 29. Towel dog _____
 30. Groom dog _____
 31. Trim nails _____
 32. Leash/ collar correction _____
 33. Unfamiliar adult enters house/yard _____
 34. Unfamiliar child enters house/yard _____
 35. Familiar adult enters house/yard _____
 36. Familiar child enters house/yard _____
 37. Response to babies/toddlers _____
-

38. Dog in car _____
39. Unfamiliar adult approaches owner, dog on lead _____
40. Unfamiliar child approaches owner, dog on lead _____
41. Dog in house, sees people outside _____
42. Response to other dogs while on lead _____
43. Response to other dogs while not on lead _____

Has your dog bitten and broken skin? Y/N Explain _____

_____.

Number of bites that broke the skin? _____. Total number of bites that did or did not break the skin? _____.

Total number of episodes of aggression (growling, snapping, biting): _____.

Describe typical episode of aggression? _____

_____.

What parts of the body does the dog bite and how severe were the injuries? _____

_____.

Who is the target of the aggression? _____.

Did your dog bite as a puppy? Y/N Explain _____
_____.

How old was your dog the first time he snapped/bit a person? _____

_____.

FEAR AGGRESSION

Does your dog show any signs of fear at times of aggression? (cowering, ears back, tail tucked, hackles raised, retreating, hiding, other): Y/N Explain _____

_____.

POST CONSULTATION

Describe dogs' behavior in the exam room or home.

Low/moderate/high activity_____

Whining (how much)_____

Barking (how much)_____

Jumps on owners lap_____

Front paws on owners lap_____

Jumps on owner___/instructor_____

Investigated instructor_____

Barked at instructor_____

Growled/snarled/snapped at instructor_____

Trembling_____

Panting_____

Pacing_____

Comments:

Conclusions

Treatment/Recommendations

Head Halter Y/N E-collar Y/N Prong Y/N
