

# 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 - Friday: 7:00 am – 6:30 pm

Saturday: 8:00 am – 12:00 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

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

## 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)*  
- *Viral Illnesses*

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.

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\_\_\_\_\_ - **ALL TRAINING SERVICES ARE NON-REFUNDABLE**

\_\_\_\_\_ - 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!

\_\_\_\_\_ - I release White Oak Animal Hospital and it's representatives of any liability associated with the following:

-Transporting my pet to and from White Oak Animal Hospital

-Participation in training services in other locations (i.e. downtown Fredericksburg, PetsMart, etc.)

-I am 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 my pet to White Oak Animal Hospital for emergency care.

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

List all animals in household.

NAME	SPECIES	BREED	SEX	AGE OBTAINED	AGE NOW
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- 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\_\_\_\_\_.

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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: \_\_\_\_\_.

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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 \_\_\_\_\_

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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 \_\_\_\_\_
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- 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

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## 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

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