



Behavior Support Initial Consultation Form

The information you provide below will be used during your consultation to develop a diagnosis and plan of treatment. Please fill it out as completely as you can. All information will be held in strict confidence and will not be released to any third party without your written consent. Please submit at least two days prior to your dog's appointment.

Today's Date

Please tell us who referred you

Street Address, City, State, Zip Code

Veterinary Name

Veterinary Phone

Dog's Name

Breed

Dog's Date of Birth

Sex

How old was the dog when you acquired them?

Color or Markings

Weight in Pounds

Where did you acquire your dog (i.e. breeder, shelter, friend, etc.)?

Spayed or Neutered?

Age spayed or neutered

What is the main behavior problem or complaint?

How serious would you rank this behavior? (check all that apply)

Very Serious

Serious

Not Serious

How often does this behavior occur? (check all that apply)

Daily

Weekly

Monthly

Date of most recent incident

Please describe in detail.

Approximate Date of First Occurrence

Please describe in detail the very first incident you remember

How old was your dog when he/she first began showing signs of this behavior?

How long has the behavior been going on?

Has there been any change in the frequency of the problem behavior or the way it is exhibited?

When did this behavior become a serious concern?

How do you discipline your dog for this problem or other misbehavior?

What steps have already been taken to solve the problem?

What will you do if this behavior cannot be corrected?

Are there any other behavior problems? Please list:

What is your goal for this consultation? What would you like to see accomplished?

Please describe any medical problems that this dog has had previously or currently has:

Is your dog currently on any medication or special diet? Please list all and include heartworm prevention and flea medications.

Please describe all of the people living in the household now, starting with yourself. Please provide first name, sex, age, relationship and on scale of 1 (hate) to 10 (love) describe the relationship with the dog.

What type of area do you live in? (check all that apply)

- City
- Suburban
- Rural

What type of home do you live in? (check all that apply)

- Apartment
- Duplex
- Single Family
- Farm

Has the household changed since the dog was acquired?

- yes
- no

How many times have you moved with the dog since acquiring him/her?

Were there previous owners of this dog?

yes no

If dog's past history is known, how many previous owners and their reasons for giving up the dog?

Types of food consumed (check all that apply)

- Canned
- Moist
- Dry
- Human Food

Brand of food

Supplements/snacks?

Has there been a recent diet change?

yes no

When is your dog fed? (please list times)

Where is your dog fed?

Who feeds your dog?

Please describe your dog's appetite: (check all that apply)

- Normal
- Excessive
- Poor

Where is the water bowl located?

Please describe your dog's water intake: (check all that apply)

- Normal
- Excessive
- Poor

Does your dog ever steal food from the counters?

yes no

Does your dog ever steal food from the garbage?

yes no

Where does your dog sleep?

Does your dog sleep all night long?

Where does your dog spend time during the day?

Hours indoors

Hours outdoors

When outside are they (check all that apply)

- On leash
- Pen
- Free Roaming

If you have a fence for our dog, is it an invisible/underground fence or a physical fence? (check all that apply)

- No Fence
- Invisible/underground
- Physical Fence

Is the dog allowed on the furniture in the house? If so, what?

Are there any areas of the house which are off-limits to the dog?

Type(s) of exercise How many hours per day? With which family members?

What is your dog's activity level in general? (check all that apply)

- Low
- Average
- High
- Excessive

List the types of toys your dog has and indicate which toys are preferred or are your dog's favorites

Please list other activities you currently engage in with your dog

List all animals in the household in the order they were acquired, including pets who have died within the last year. Please identify, name species, breed, sex, age, age when obtained and if they are indoor or outdoor.

Please describe relationships between above pets and dog being evaluated

These pets groom the dog in question

yes no

These pets eat with the dog in question

yes no

These pets play with the dog in question

yes no

These pets fight with the dog in question

yes no

Does your dog play with other pets outside the family? If so, please describe

Has your dog ever bitten another animal? If so, please describe

Please describe other pertinent relationships

Is the dog house-trained?

yes no

Has your dog ever been crate trained?

yes no

Has your dog attended obedience classes?

yes no

What percent of the time does your dog obey the following cues/commands for each family member? Please include the family member name, sit, down, stay, come, heel/don't move and percent of time your dog obeys.

Has this dog ever bitten anyone (adult or child)?

yes no

Does your dog behave when you leave home?

How does your dog greet you when you return home (e.g. jump on you, run in circles, hide, wag tail, etc.)?

Is this dog afraid of any adults, children, objects, loud noises, etc.?

yes no

Does your dog like to be held by family members?

yes no

Does your dog liked to be brushed or groomed?

yes no

Please check if your dog reacts when: (check all that apply)

- Meal is taken away while they are eating
- Add food to bowl while they are eating
- Take away their favorite toy
- Pet them
- Trim their nails
- Lift or try to lift them
- Grab dog by the collar

- Hug or kiss dog
- Scold dog verbally
- Bend over dog
- Push on dog's back
- Bathe dog
- Reach toward dog
- Wake dog when sleeping
- Unfamiliar adult enters yard or house
- Unfamiliar child enters yard or house
- Familiar adult enters yard or house
- Familiar child enters yard or house
- Response to toddlers/babies
- Dog in car at gas station/drive thru
- Unfamiliar adult approaches dog on leash
- Unfamiliar child approaches on leash
- Response to other dogs on leash
- Response to other dogs off leash
- Dog in house sees people outside

Wow, that was a lot, but you've made it to the end! Please add any other information you feel is relevant: