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| **Owners Name(s)** |  |
| **Dogs Name** |  |
| **Breed / Mix Breed** |  |
| **Age** |  |
| **Male / Female** |  |
| **Date of Birth (estimate)** |  |
| **Date of Adoption / purchase (approximate)** |  |
| **Neutered? (If yes, age when neutered)** |  |
| **Insured? (If yes, which provider?)** |  |
| **Dog Food (Brand and Product Name)** |  |
| **How often is your dog fed daily?** |  |
| **What treats (brand and product name) does your dog get?**  |  |
| **Is your dog on any medication or supplements?** |  |
| **Who lives with your dog? (Names and ages of people, names, and ages of other pets)** |  |

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| **Where did your dog come from (name of breeders / rescue organisation)?** |  |
| **Did your dog spend their early weeks in an indoor home environment or outdoors? Explain.** |  |
| **How many pups were in your dogs litter?** |  |
| **At what age did your pup leave her mother?** |  |
| **Did you meet the mother? If yes, what was her temperament like?**  |  |
| **Were there any abnormal or unusual elements of your dogs puppyhood?**  |  |
| **When you took your dog (puppy or adult dog) home, what was their behaviour initially like?**  |  |
| **Were there any traumatic or important incidents that occurred in your dogs life in the first few months that they lived with you (dog fights / moving home / fell off couch and panicked etc.)?** |  |

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| **Which veterinary clinic is your dog registered with?**  |  |
| **Name of vet most familiar with your dog** |  |
| **Please list all of the times your dog has visited the vet and a rough estimation of the date (Inc. vaccination trips as well as illnesses and injuries)** |
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| **How does your dog respond to being handled in the veterinary clinic?**  |
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| **Has your dog been to a dog grooming clinic? If yes, how did they respond?**  |
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| **Has your dog been to boarding kennels / overnight care facility? If yes, how did they respond?**  |
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| **Explanation in detail of behaviour problem** |
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| **Explanation of most serious incident that has occurred** |
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| **Explanation of next most serious incident that has occurred** |
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| **Explanation of the first time you noticed the problem** |
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| **How do you respond when the behaviour occurs?**  |
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| **Have you sought any professional help to date?**  |
|  |

**It is extremely beneficial if you can gather video footage of the behaviour as often the dog will act like an angel during our consultation.**

**Please gather video footage. It can be emailed through to us, or if you use Whats App you can send the videos through to 0858268738**

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| **How does your dog respond to…** |  |
| **Unfamiliar dogs** |  |
| **Unfamiliar people in public** |  |
| **Unfamiliar people who enter your home** |  |
| **When someone rings the doorbell / approaches the front door** |  |
| **When someone passes the window** |  |
| **Loud noises in the house (hoover / blender / pots banging)** |  |
| **Storms** |  |
| **Traffic** |  |
| **Children** |  |
| **Handling and grooming in the home** |  |
| **Has your dog ever bitten a person (excluding puppy biting under 6mths)?** |  |
| **Has your dog ever bitten another dog?** |  |
| **Are there any things that causes your dog to ‘panic’? Bark in a frenzy, in an ‘out of body experience’ manner (e.g. doorbell / cats / birds).** **How often does this occur?**  |  |

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| **Why did you pick up the phone now to book the session?** |
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| **Have you considered rehoming or euthanising your dog?**  |
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| **How committed is everyone involved in changing your dogs behaviour?**  |
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| **How much time does the family have to commit to implementing behaviour modification plan?**  |
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| **Please describe a typical day in your pets life** |
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| **Where does your dog sleep and / or rest during the day?**  |
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| **Has your dog attended any training classes, or have you completed training at home (please include a list of behaviours your dog can do on cue – e.g. sit, stay, paw)?** |
|  |
| **Does your dog engage in regular mental stimulation activities? Training / food puzzles / interactive activity?** |
|  |

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