

Canine Consultation Form

Rescue/Foster Assessment

Contact Information

Rescue/Shelter Name:	
Foster's Name:	
Foster's Email:	
Foster's Phone:	
Foster's City, State:	

Patient Information

Canine's Name:			
Age:			
Breed:			
Color:			
<i>If you have not already, please send us a photograph of your pet with this paperwork.</i>			
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Spayed or neutered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Age when performed (if known)?			
Weight (in pounds):			
Age of rescue's acquisition:			
History prior to acquisition:			
Has your dog been bred?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
How would you describe your pet's personality?			

Animal Behavior Wellness Center

11230 Waples Mill Rd. Ste 125A
Fairfax, VA 22030

1-888-438-0788
info@abwellnesscenter.com



Current Problem

Describe the problem you are currently experiencing.	
Where does the problem commonly occur?	
With whom?	
How often?	
If house soiling, does it occur when you are:	<input type="checkbox"/> Home <input type="checkbox"/> Away <input type="checkbox"/> Both
If destructive, does it occur when you are:	<input type="checkbox"/> Home <input type="checkbox"/> Away <input type="checkbox"/> Both
Any other details surrounding the problem?	
Is there any legal action pending because of this pet?	

Medical History

Primary Veterinarian Information:	Clinic Name: _____ Veterinarian's Name: _____ Phone: _____
Date of last veterinary visit:	
Preferred Pharmacy Name & Telephone:	
Date of Birth Used for Prescriptions:	

Animal Behavior Wellness Center

11230 Waples Mill Rd. Ste 125A
Fairfax, VA 22030

1-888-438-0788
info@abwellnesscenter.com



Please list your pet's current/regular medications below		
Flea/tick prevention:		Heartworm prevention:
Medication Name	Dose (milligram tablet)	Frequency
Any changes in eating or drinking?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	
Any lumps, bumps, pain, or limping?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	
Have you noticed any of the following in the last year?	<input type="checkbox"/> Coughing <input type="checkbox"/> Sneezing <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea	
Any chronic medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	

Household Occupants

Name	Age	Occupation	Relationship w/pet
Yourself:			
Have you owned dogs before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you owned this breed of dog before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Animal Behavior Wellness Center

11230 Waples Mill Rd. Ste 125A
Fairfax, VA 22030

1-888-438-0788
info@abwellnesscenter.com



Household Pets

Pet's Name	Age, Breed, Sex (spayed/neutered?)	Relationship w/pet

Training and Obedience

Has your dog ever attended training classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No Company/Trainer: _____ Age: _____
Have you ever hired a private trainer?	<input type="checkbox"/> Yes <input type="checkbox"/> No Company/Trainer: _____ Age: _____
How would you rate their learning ability?	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
What cues does your dog perform regularly and reliably:	<input type="checkbox"/> Come <input type="checkbox"/> Sit <input type="checkbox"/> Down <input type="checkbox"/> Stay <input type="checkbox"/> Fetch Other: _____
Does your dog pull when on leash?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
How do you correct your dog when he/she misbehaves?	
What types of training aides have you used in the past (ex: prong collars, electric collars, penny can, etc.)	Currently: _____ Previously: _____

Animal Behavior Wellness Center

11230 Waples Mill Rd. Ste 125A
 Fairfax, VA 22030

1-888-438-0788
info@abwellnesscenter.com



Diet and Feeding Health

Brand of Food:	
Amount and frequency:	
Percent crude protein (on the bag/can):	
Where is the dog fed in relation to any other dogs in the household:	<input type="checkbox"/> Next to each other <input type="checkbox"/> Across the room <input type="checkbox"/> Shared bowl <input type="checkbox"/> In separate rooms/crates
Is the dog protective of their food? (hovers, growls, snaps, bites).	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Describe your dog's appetite:	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
At what speed does (s)he typically eat:	<input type="checkbox"/> Fast <input type="checkbox"/> Slow <input type="checkbox"/> Grazes
Do you need to be present for your dog to eat?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Eats better if I'm not there
Do you add any supplements to their diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Does your dog have any food allergies or sensitivities?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

Daily Activities

Where does your dog sleep?	
Does your pet ever wake you at night? If yes, how often and ideas on why?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
How many hours per day do you think your dog sleeps?	
How does your dog ask to go outside?	
When/how often does he/she ask?	
How long does your dog like to stay out?	
Do you need to be present for them to remain outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a fence? If yes, what type: Can your dog get out?	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your dog run the fence line barking? If yes, at dogs, people, or both?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Dogs <input type="checkbox"/> People <input type="checkbox"/> Both

Animal Behavior Wellness Center

11230 Waples Mill Rd. Ste 125A
Fairfax, VA 22030

1-888-438-0788
info@abwellnesscenter.com



What type of exercise does your dog receive?	<input type="checkbox"/> Walk <input type="checkbox"/> Run <input type="checkbox"/> Agility <input type="checkbox"/> Other:
Is this done on or off leash?	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> Both
Is there any specific time devoted to play or training on a daily basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details?
Is your dog playful? What kinds of toys does he/she like?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details?
Where does your dog stay during the day when no people are home?	
What does your dog do as you prepare to leave?	
On average, how long is your pet left home alone without other people?	
Does your dog ever vocalize, engage in destructive behavior, urination, defecate, or salivate while you are gone?	<input type="checkbox"/> Urinate <input type="checkbox"/> Defecate <input type="checkbox"/> Salivate <input type="checkbox"/> Destruction <input type="checkbox"/> Vocalizations <input type="checkbox"/> Other:
Have there been any changes in your household routine? (Ex: new job, new work schedule, new baby, construction, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

Animal Behavior Wellness Center

11230 Waples Mill Rd. Ste 125A
Fairfax, VA 22030

1-888-438-0788
info@abwellnesscenter.com



Interactions with Family Members

In what type of home do you reside?		<input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Townhouse <input type="checkbox"/> Single family <input type="checkbox"/> Other:		
<i>Reaction to interactions.</i> Is there any aggression in the following circumstances? Aggression could be demonstrated by: <ul style="list-style-type: none"> • Snarling • Growling • Barking • Lunging • Snapping (no contact) • Muzzle punching • Nipping • Biting If yes to any section, please indicate the type of aggression as listed above.				
	Adult #1	Adult #2	Children	Other? Name:
Handling Grooming	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Petting Hugging	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Disturb while resting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Disciplining	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Take away food	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Taking other objects	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Comments:				

Animal Behavior Wellness Center

11230 Waples Mill Rd. Ste 125A
Fairfax, VA 22030

1-888-438-0788
info@abwellnesscenter.com



Interaction with Others

How does your dog behave when the doorbell rings?			
What is your dog's response to the following types of visitors?		Frequent: Occasional: New:	
Dog's Reaction to...	Inside the Home:	Outside the Home:	
Unknown men			
Unknown women			
Unknown children			
Unknown dogs (on leash)			
Unknown dogs (off leash)			
Other animals (cats, squirrels, etc.)			
Crowds/busy areas			
Trucks, buses, vehicles			
Comments:			

Animal Behavior Wellness Center

11230 Waples Mill Rd. Ste 125A
 Fairfax, VA 22030

1-888-438-0788
info@abwellnesscenter.com



Other Behaviors

Does your dog show inappropriate mounting or other sexual activity?	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
Is your dog protective over parts of his or her body? (ex: ears, mouth, feet)	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
Does your pet lick or chew his/her body more than you would expect?	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
Does your pet lick other objects or people more than you would expect?	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
Does your dog display any reaction to noises such as thunderstorms or fireworks?	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
Does your dog ever chase his/her tail, go after lights/shadows, or snap at the air when nothing is present?	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
Are there any other behaviors you find objectionable that you have not yet mentioned?	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No

Animal Behavior Wellness Center

11230 Waples Mill Rd. Ste 125A
Fairfax, VA 22030

1-888-438-0788
info@abwellnesscenter.com



Aggression (If applicable)

Describe the very first incident that indicated to you there was a problem. How old was the pet?	
Describe the most recent incident.	
What did the dog's body look like? (ear or tail position, hair standing up, etc.)	
What was your reaction or response to this event?	
What was your dog's reaction to your response?	
Was there contact? If yes, what type of injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Scratch <input type="checkbox"/> Bruise <input type="checkbox"/> Puncture(s) <input type="checkbox"/> Tear
How frequently does this type of incident occur?	<input type="checkbox"/> Multiple times per day <input type="checkbox"/> Daily <input type="checkbox"/> Several times per week <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Too sporadic
What has been done to correct the problem?	
The problem is getting:	<input type="checkbox"/> Better <input type="checkbox"/> Worse <input type="checkbox"/> No change
What do you suspect is the cause?	

Animal Behavior Wellness Center

11230 Waples Mill Rd. Ste 125A
Fairfax, VA 22030

1-888-438-0788
info@abwellnesscenter.com



Relationship with Pet

What are your feelings about the dog's present behavior?	Adult Owner #1: <hr/> Adult Owner #2: <hr/> Children/Other:
What is your expectation for change?	
What are your goals for treatment?	
Under what circumstances would you consider rehoming this dog?	
Under what circumstances would you consider relinquishing this dog to a shelter or rescue?	
Under what circumstances would you consider euthanasia?	

Animal Behavior Wellness Center

11230 Waples Mill Rd. Ste 125A
Fairfax, VA 22030

1-888-438-0788
info@abwellnesscenter.com

