**Canine Consultation Form**

Completed by:

Date:

*Policy Overview – Please initial next to each policy to indicate that you have read and understand each item.*

      I understand this form needs to be completed and submitted at least 48 hours prior to my appointment.

      I understand the $95.00 deposit is a non-refundable fee that goes towards the cost of the initial consult.

Should I cancel less than 48 hours ahead of time, the deposit is forfeit.

      I will NOT enter the building with my pet for any in office appointment without an escort.

I understand that policy does not reflect on my specific pet but is for the safety of all clients, patients, and staff.

      I understand that we will not be using prong collars, shock collars, choke chains, or other aversive based training equipment or methods.

      I will not use a retractable leash at the clinic.

 **Basic Information**

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| Canine’s Name: |       |
| Age:  |       |
| Breed: |       |
| Sex: | [ ]  Male [ ]  Female |
| Spayed or neutered? Age when performed? | [ ]  Yes [ ]  No |
| Weight (in pounds): |       |
| Age and/or date when acquired: |       |
| Source: | [ ]  Breeder [ ]  Shelter [ ]  Stray [ ]  Rescue[ ]  Other:  |
| History prior to acquisition: |       |
| Has your dog been bred? | [ ]  Yes [ ]  No |
| How much interaction did he/she have with people and other dogs in the first year of life? |       |
| How would you describe your pet’s personality? |       |

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|  **Current Problem** |  |
| Describe the problem you are currently experiencing.  |       |
| How old was the dog when it started: |       |
| Is this a chronic or intermittent issue? | [ ]  Chronic [ ]  Intermittent |
| Where does the problem commonly occur? |       |
| With whom? |       |
| How often? |       |
| If house soiling, does it occur when you are: | [ ]  Home [ ]  Away [ ]  Both |
| If destructive, does it occur when you are:  | [ ]  Home [ ]  Away [ ]  Both |
| Any other details surrounding the problem? |       |
| Is there any legal action pending because of this pet? |       |

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|  **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:  |       |
| 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? | [ ]  Yes [ ]  NoExplain:       |
| Any lumps, bumps, pain, or limping? | [ ]  Yes [ ]  NoExplain:       |
| Have you noticed any of the following in the last year? | [ ]  Coughing [ ]  Sneezing [ ]  Vomiting [ ]  Diarrhea |
| Has your dog ever been treated for behavior in the past? If so, please provide treatment plan and any medications/supplements:  | [ ]  Yes [ ]  NoExplain:       |
| Does your pet have or ever had seizures? | [ ]  Yes [ ]  No |
| Any chronic medical conditions? | [ ]  Yes [ ]  NoExplain:       |

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|  **Household Occupants**  |  |
| Name | Age | Occupation | Relationship w/pet |
| Yourself:       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
| Have you owned dogs before? | [ ]  Yes [ ]  No |
| Have you owned this breed of dog before? | [ ]  Yes [ ]  No |
|  **Household Pets** |
| Pet’s Name | Age, Breed, Sex (spayed/neutered?) | Relationship |
|       |       |       |
|       |       |       |
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|  **Training and Obedience** |  |
| Has your dog ever attended training classes? | [ ]  Yes [ ]  NoCompany/Trainer:      Age:       |
| Have you ever hired a private trainer? | [ ]  Yes [ ]  NoCompany/Trainer:      Age:       |
| How would you rate their learning ability? | [ ]  Good [ ]  Average [ ]  Poor |
| What cues does your dog perform regularly and reliably:  | [ ]  Come [ ]  Sit [ ]  Down [ ]  Stay [ ]  FetchOther:       |
| Does your dog pull when on leash?  | [ ]  Yes [ ]  No [ ]  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:       |

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|  **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 other dogs in the household:  | [ ]  Next to each other [ ]  Across the room [ ]  Shared bowl [ ]  In separate rooms/crates |
| Is the dog protective of their food?(growl, snap, bite).  | [ ]  Yes [ ]  NoExplain:       |
| Describe your dog’s appetite:  | [ ]  Good [ ]  Average [ ]  Poor |
| At what speed does (s)he typically eat: | [ ]  Fast [ ]  Slow [ ]  Grazes |
| Do you need to be present for your dog to eat? | [ ]  Yes [ ]  No |
| Do you add any supplements to their diet? | [ ]  Yes [ ]  NoExplain:       |
| Does your dog have any food allergies or sensitivities? | [ ]  Yes [ ]  NoExplain:       |

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|  **Daily Activities** |  |
| Where does your dog sleep? |  |
| Does your pet ever wake you at night?If yes, how often and ideas on why? | [ ]  Yes [ ]  NoExplain:       |
| 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? | [ ]  Yes [ ]  No |
| Do you have a fence (can your dog get out)?If yes, what type:  | [ ]  Yes [ ]  No       |
| Does your dog run the fence line barking? If yes, at dogs, people, or both? | [ ]  Yes [ ]  No[ ]  Dogs [ ]  People [ ]  Both |
| What type of exercise does your dog receive? | [ ]  Walk [ ]  Run [ ]  Agility[ ]  Other:  |
| Is this done on or off leash? | [ ]  On [ ]  Off [ ]  Both |
| Is there any specific time devoted to play or training on a daily basis? | [ ]  Yes [ ]  NoDetails?  |
| Is your dog playful?What kinds of toys does he/she like? | [ ]  Yes [ ]  NoDetails?       |
| 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? | [ ]  Urinate [ ]  Defecate [ ]  Salivate[ ]  Destruction [ ]  Vocalizations |
| Have there been any changes in your household routine?(Ex: new job, new work schedule, new baby, etc.) | [ ]  Yes [ ]  NoExplain:       |

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|  **Interactions with Family Members** |
| In what type of home do you reside? | [ ]  Apartment/Condo [ ]  Townhouse[ ]  Single family [ ]  Other      |
| *Reaction to interactions.* Is there any aggression in the following circumstances? Aggression could be demonstrated by: |
| * 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:       |
| HandlingGrooming | [ ] Yes [ ] No [ ] N/A      | [ ] Yes [ ] No [ ] N/A      | [ ] Yes [ ] No [ ] N/A      |       |
| PettingHugging | [ ] Yes [ ] No [ ] N/A      | [ ] Yes [ ] No [ ] N/A      | [ ] Yes [ ] No [ ] N/A      |       |
| Disturb while resting | [ ] Yes [ ] No [ ] N/A      | [ ] Yes [ ] No [ ] N/A      | [ ] Yes [ ] No [ ] N/A      |       |
| Disciplining | [ ] Yes [ ] No [ ] N/A      | [ ] Yes [ ] No [ ] N/A      | [ ] Yes [ ] No [ ] N/A      |       |
| Take away food | [ ] Yes [ ] No [ ] N/A      | [ ] Yes [ ] No [ ] N/A      | [ ] Yes [ ] No [ ] N/A      |       |
| Taking other objects | [ ] Yes [ ] No [ ] N/A      | [ ] Yes [ ] No [ ] N/A      | [ ] Yes [ ] No [ ] N/A      |       |

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|  **Interaction with Others** |  |
| How does your dog behavior 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 |       |       |

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|  **Other Behaviors** |  |
| Does your dog show inappropriate mounting or other sexual activity? | [ ]  Yes [ ]  NoExplain:       |
| Is your dog protective over parts of his or her body? (ex: ears, mouth, feet) | [ ]  Yes [ ]  NoExplain:       |
| Does your pet lick or chew his/her body more than you would expect? | [ ]  Yes [ ]  NoExplain:       |
| Does your pet lick other objects or people more than you would expect? | [ ]  Yes [ ]  NoExplain:       |
| Does your dog display any reaction to noises such as thunderstorms or fireworks? | [ ]  Yes [ ]  NoExplain:       |
| Does your dog ever chase his/her tail, go after lights/shadows, or snap at the air when nothing is present? | [ ]  Yes [ ]  NoExplain:       |
| Are there any other behaviors you find objectionable that you have not yet mentioned?  | [ ]  Yes [ ]  NoExplain:       |

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|  **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? | [ ]  Yes [ ]  No[ ]  Scratch [ ]  Bruise [ ]  Puncture(s) [ ]  Tear |
| How frequently does this type of incident occur? | [ ]  Multiple times per day[ ]  Several times per week[ ]  Monthly | [ ]  Daily[ ]  Weekly[ ]  Too sporadic |
| What has been done to correct the problem? |       |
| The problem is getting: | [ ]  Better [ ]  Worse [ ]  No change |
| What do you suspect is the cause? |       |

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|  **Relationship with Pet** |  |
| What are your feelings about the dog’s present behavior? | Adult Owner #1:      Adult Owner #2:      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? |       |