**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 |
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| Any changes in eating or drinking? | | Yes  No  Explain: | | |
| Any lumps, bumps, pain, or limping? | | Yes  No  Explain: | | |
| 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  No  Explain: | | |
| Does your pet have or ever had seizures? | | Yes  No | | |
| Any chronic medical conditions? | | Yes  No  Explain: | | |

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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  No  Company/Trainer:  Age: |
| Have you ever hired a private trainer? | Yes  No  Company/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  Fetch  Other: |
| 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  No  Explain: |
| 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  No  Explain: |
| Does your dog have any food allergies or sensitivities? | Yes  No  Explain: |

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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  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? | 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  No  Details? |
| Is your dog playful?  What kinds of toys does he/she like? | Yes  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? | Urinate  Defecate  Salivate  Destruction  Vocalizations |
| Have there been any changes in your household routine?  (Ex: new job, new work schedule, new baby, etc.) | Yes  No  Explain: |

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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: |
| Handling  Grooming | Yes No N/A | | Yes No N/A | | Yes No N/A | |  |
| Petting  Hugging | 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  No  Explain: |
| Is your dog protective over parts of his or her body? (ex: ears, mouth, feet) | Yes  No  Explain: |
| Does your pet lick or chew his/her body more than you would expect? | Yes  No  Explain: |
| Does your pet lick other objects or people more than you would expect? | Yes  No  Explain: |
| Does your dog display any reaction to noises such as thunderstorms or fireworks? | Yes  No  Explain: |
| Does your dog ever chase his/her tail, go after lights/shadows, or snap at the air when nothing is present? | Yes  No  Explain: |
| Are there any other behaviors you find objectionable that you have not yet mentioned? | Yes  No  Explain: |

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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? |  |