



BEHAVIOR CONSULT FORM

Human Info.

Name(s): _____	
Address: _____	
Phone Number: _____	E-mail: _____

Canine Info.

Name: _____					
Breed: _____	Weight: _____	Age: _____	Sex: _____	Spayed/Neutered: _____	

Emergency Contact: _____ (relation) _____ Phone: _____

Veterinarian: _____ Phone: _____

Has your dog ever bit anyone? _____

Does your dog like other dogs? _____

Has your dog ever bit another dog? _____

Did the bite require the other dog to go to the vet? _____

Is your dog current on his/her vaccinations? _____ If not, what is missing? _____

Where did you acquire your dog from? _____

At what age? _____

What, if any, previous training has your dog had? _____

Who lives in your household? _____

How did you hear about us? _____

For Office Use:

Presenting Problem(s):

- | | | | |
|-----------------|--------------------|----------------|------------------------------|
| House-soiling | Chewing | W/D barking | Crate/alone barking |
| Object guarding | Food guard | Location guard | Poor handleability |
| Agg Strangers | Sep anxiety | Sub. urination | Fear/phobia |
| Puppy biting | Recall | Pulling | General obedience |
| Dog-dog agg | On-leash lunge/agg | | Counter surfing/Garbage/pica |