

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

Canine's Name:	
Age:	
Breed:	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Spayed or neutered? Age when performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weight (in pounds):	
Age and/or date when acquired:	
Source:	<input type="checkbox"/> Breeder <input type="checkbox"/> Shelter <input type="checkbox"/> Stray <input type="checkbox"/> Rescue <input type="checkbox"/> Other:
History prior to acquisition:	

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<p>Has your dog been bred?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>How much interaction did he/she have with people and other dogs in the first year of life?</p>	
<p>How would you describe your pet's personality?</p>	

Current Problem

<p>Describe the problem you are currently experiencing.</p>	
<p>How old was the dog when it started:</p>	
<p>Is this a chronic or intermittent issue?</p>	<p><input type="checkbox"/> Chronic <input type="checkbox"/> Intermittent</p>
<p>Where does the problem commonly occur?</p>	



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:	
DOB used for Patient's prescriptions:	

Please list your pet's current/regular medications below

Heartworm Preventative:		
Flea/Tick Preventative:		
Medication Name	Amount	Frequency

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Any changes in eating or drinking?	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
Any lumps, bumps, pain, or limping?	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
Have you noticed any of the following in the last year?	<input type="checkbox"/> Coughing <input type="checkbox"/> Vomiting	<input type="checkbox"/> Sneezing <input type="checkbox"/> Diarrhea
Has your dog ever been treated for behavior in the past? If so, please provide treatment plan and any medications/supplements:	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
Does your pet have or ever had seizures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any chronic medical conditions?	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No

Household Occupants

Name (you)	Age	Occupation	Relationship w/pet



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
Household Pets		
Name	Age, Breed, Sex (neutered?)	Relationship with patient.

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:

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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:	<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? (growl, snap, bite).	<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
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?	

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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 (can your dog get out)? If yes, what type:	<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
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? Details?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your dog playful? What kinds of toys does he/she like? Details?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
Have there been any changes in your household routine? (Ex: new job, new work schedule, new baby, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

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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 Click or tap here to enter text.
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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	Any other specific individual
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	

If yes to any, please explain below:

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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Explain:	
Is your dog protective over parts of his or her body? (ex: ears, mouth, feet)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Explain:	
Does your pet lick or chew his/her body more than you would expect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Explain:	
Does your pet lick other objects or people more than you would expect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Explain:	
Does your dog display any reaction to noises such as thunderstorms or fireworks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Explain:	
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	<input type="checkbox"/> No
	Explain:	
Are there any other behaviors you find objectionable that you have not yet mentioned?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<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

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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?	

Relationship with Pet

What are your feelings about the dog's present behavior?	<p>Adult Owner #1:</p> <p>Adult Owner #2:</p> <p>Children/Other:</p>
What is your expectation for change?	
What are your goals for treatment?	

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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?	

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