



*Enhancing the bond between dogs and their families*

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**BEHAVIOR CONSULTATION REGISTRATION AND INFORMATION FORM**

**GENERAL INFORMATION**

Client/Handler Name:	Home Phone:
Address:	Work Phone:
City, State, Zip Code:	Cell Phone:
E-mail address:	Other Phone:

Dog's Name:	Dog's Gender:
Dog's Date of Birth:	Dog's Weight:
Dog's Breed/Mix:	Color(s):
Age when Spayed/Neutered:	Age when brought home:
Where did you acquire your dog? (Shelter, Breeder, etc.):	
Please describe anything you know about your dog's history prior to living with you:	

**HEALTH & NUTRITION**

Most recent vet exam (please list date & reason) AND most recent vaccinations (your dog should be current on rabies and distemper shots):

Veterinarian name/clinic:

Veterinarian phone #:

Describe any current health problems, conditions, or medications/supplements (and what they are for):

Describe any sensitivities or fears your dog exhibits (i.e., noises, being touched on certain parts of the body, strangers, etc.):

Who feeds your dog?

When?

Where?

Cups per meal:

Brand of food:

Is food left out all day?

What kind of treats does your dog get?

When are treats given?

Who gives them?



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**HOME ENVIRONMENT & DAILY ROUTINE**

Check all that apply:

- House                                       Apt/Condo                                       Townhouse  
 No yard                                       Fenced Yard (height & type of fence):  
 Urban                                       Suburban                                       Rural                                       Other (describe):

Please describe your dog's daily routine:

- Monday:  
 Tuesday:  
 Wednesday:  
 Thursday:  
 Friday:  
 Saturday:  
 Sunday:

Please describe any changes that have occurred within your household (someone moving in or out, new house, remodeling, etc.):

Is your dog crate trained?                                      How many hours per day is dog crated?

Where does your dog sleep at night?

Rate your dog's activity level: (very low, low, moderate, high, very high):

How often do you walk your dog?                                      Approx. time or distance?

Describe any other exercise your dog receives:

Please list all people who live or spend a significant amount of time at your home:

<i>Name</i>	<i>Gender</i>	<i>Age</i>	<i>Time (evenings, weekends, etc.) spent at home</i>



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Describe all other animals at your home:

Name	Type of Animal	Gender	Age	Where does animal normally stay?

**YOUR DOG'S PERSONALITY & TEMPERAMENT**

In your own words, describe your dog's personality.

In your opinion, what are your dog's absolute favorite things (specific treats, a certain toy, a particular game, going for walks, people, another animal, etc.):


Which of the following best describes your dog (check all that apply):

- In general:*
- |   |  |
|---|--|
| <input type="checkbox"/> Outgoing, confident    | <input type="checkbox"/> Shy, timid, insecure              |
| <input type="checkbox"/> Minds pretty well      | <input type="checkbox"/> Doesn't listen very well          |
| <input type="checkbox"/> Friendly with visitors | <input type="checkbox"/> Ignores, or doesn't like visitors |

- Toward other dogs:*
- |  |   |
|--|---|
| <input type="checkbox"/> Friendly with all   | <input type="checkbox"/> Friendly with some but not all |
| <input type="checkbox"/> Tolerates them  | <input type="checkbox"/> Ignores them                   |
| <input type="checkbox"/> Does not like (barks, lunges, snaps, tries to flee, etc.) |   |

If not friendly toward other dogs, please describe behavior:

- Toward strangers:*
- |  |   |
|--|---|
| <input type="checkbox"/> Friendly with all   | <input type="checkbox"/> Friendly with some but not all |
| <input type="checkbox"/> Tolerates them  | <input type="checkbox"/> Ignores them                   |
| <input type="checkbox"/> Does not like (barks, lunges, snaps, tries to flee, etc.) |   |

If not friendly toward strangers, please describe behavior:



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Has your dog ever bitten another dog or other animal? Date(s):

Please describe the situation(s) and extent of any injuries:

Has your dog ever bitten a person? Date(s):

Please describe the situation(s) and extent of any injuries:

Has your dog ever been bitten by another dog? Date(s):

Please describe the situation(s) and extent of any injuries:

**TRAINING**

What kind of training has your dog had? (Check all that apply.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> None              | <input type="checkbox"/> Trained at home                             | <input type="checkbox"/> Obedience class |
| <input type="checkbox"/> Private Training  | <input type="checkbox"/> Sent away to trainer                        | <input type="checkbox"/> Puppy class     |
| <input type="checkbox"/> Praise only       | <input type="checkbox"/> Positive Reinforcement (treats, toys, etc.) |  |
| <input type="checkbox"/> Clicker training  | <input type="checkbox"/> Leash corrections, choke chains, etc.       |  |
| <input type="checkbox"/> Electronic collar | Other (please describe)  |  |

Which of the following does your dog perform on cue/command:

	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Rarely</i>	<i>Never</i>
<i>Responds to name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sit</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Down</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Come</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Stay</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Heel</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Walk on leash without pulling</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What other cues/commands does your dog perform reliably?

What kind of collar/harness do you use:

- |  |   |
|--|---|
| <input type="checkbox"/> Buckle collar             | <input type="checkbox"/> Choke chain                        |
| <input type="checkbox"/> Martingale/Premier collar | <input type="checkbox"/> Head halter (Gentle Leader, Halti) |
| <input type="checkbox"/> Prong/pinch collar        | <input type="checkbox"/> Body harness                       |
| <input type="checkbox"/> No-pull harness           | Other (please describe)                                     |

Who trains your dog?

Who corrects/disciplines your dog and how?





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Is your dog housetrained?

Perfectly

Almost there

Not really

**BEHAVIOR ISSUES**

Briefly describe each problematic behavior. Please list in order of importance.	When did it begin? (List date, time and situation)	When and how often does it occur?	Has <u>frequency</u> increased, decreased or remained unchanged?	Has <u>severity</u> increased, decreased or remained unchanged?

For each behavior listed above briefly describe the methods you have used to eliminate or change the behavior. How did your dog react to each of these methods used?

In order of importance, what would you like to accomplish with training:

- 1.
- 2.
- 3.
- 4.
- 5.

**ADDITIONAL INFORMATION**

Is there anything else you think would be helpful to know about your dog or your situation before we start?

**EXPECTATIONS**

*I ideally*, what changes do you want to see in your dog's behavior and your relationship with your dog?

*Realistically*, what changes would be acceptable to you?





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I understand:

- In order to meet my expectations, changes are not entirely up to either the trainer or my dog. Everyone in the household who interacts with the dog must be willing to commit to possible changes.
- Certain dog behavior issues might require long-term, and possibly life-long, management on my part. Behavior modification can take days, weeks, months or even years.
- There are no guarantees when it comes to dealing with dog training or behavior modification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please tell us how you found out about Love My Dog Training

Deer Creek Animal Hospital:

VCA Southeast Animal Hospital:

Colorado Greyhound Adoption:

Internet Search/Our Website:

Individual (Please name):

Other (Please list):



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