

## Canine Behavior History

### Consult Information

Consult Date \_\_\_\_\_

Scheduled By \_\_\_\_\_

Consult Time \_\_\_\_\_

Date Scheduled \_\_\_\_\_

Consultant \_\_\_\_\_

Assistant \_\_\_\_\_

- Consultation sessions are 75 minutes.
- Fees are \$95 per session plus \$40 per half hour round trip travel from Marin Humane.
- Requests for cancellations must be received by email at [OhBehave@MarinHumane.org](mailto:OhBehave@MarinHumane.org) at least 48 hours prior to the consult in order to receive a refund. All refunds are subject to a 10% processing fee. No refunds will be issued for cancellations less than 48 hours prior to the consult or for no-shows.

### Guardian's Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City, State Zip \_\_\_\_\_

Email \_\_\_\_\_

### Household Information

How many adults live in the household?

How many children and their ages?

Are there other dogs in the household? If so, how many and what ages?

Other pets in the household?

Type of home?  Single Family Detached  Condo/Apartment

Fenced Yard?  Yes  No

Your experience level as a dog owner  First Time Owner  Somewhat Experienced  Experienced

### Dog's Information

Name \_\_\_\_\_

Age \_\_\_\_\_

Breed \_\_\_\_\_

Weight \_\_\_\_\_

Gender  Male  Female

Spayed/neutered?  Yes  No

If so, what age?



**Dog's History**

***A Day in the Life of your Dog:***

Where did you get your dog? Dog's age when acquired?

Where does your dog sleep at night?

What type of exercise does your dog get on a regular basis?

Does your dog go to the dog park?  Frequently  Occasionally  Once or twice  Never

Does your dog go to daycare or have a dog walker?  Yes  No

Is your dog crate trained?  Yes  No

***Health Information:***

Does your dog have any physical problems?

Is your dog taking any medications?

What type of food do you feed your dog?

How many feedings per day?  Once  Twice  Three times  Free feed

***Behavior History:***

Have you met with a behavior consultant about your dog in the past?  Yes  No

*If yes, when, where, and for what behaviors?*

Has your dog ever bitten or snapped at:  A Person  Another dog  Another animal  N/A

*If yes, please explain the situation?*

Is your dog overprotective of:  Food  Toys  Property  You or another person  N/A

*If yes, please explain?*

Has your dog ever been attacked?  Yes  No

*If yes, please explain the situation?*

***Training History:***

Have you taken a training class with your dog?  Yes  No

*If yes, when, where, and to what level?*

List three (or more) activities that your dog loves!

List three (or more) foods that your dog loves!

**Tell Us In Your Own Words:**

Please describe your dog's behavior problem(s).

When were the problems first noted?

How often do the problems occur?

What has been done so far to correct the problems? Type of discipline, confinement, training, etc.

What was the dog's response to these corrective measures?

What are your goals for your dog?

What behavior issues can you live with?