

Canine Behavior History

Consult Information

Consult Date	Scheduled By
Consult Time	Date Scheduled
Consultant	Assistant

- Zoom/FaceTime Consults are 45 minutes and cost \$75.00
- On-campus consultation sessions are 75 minutes and cost \$125.
- Off-campus consultations are 75 minutes and cost \$150, plus pro-rated travel at \$50/30 minutes.
- All consultation clients will receive a Behavior Modification Plan and a follow-up phone call.
- Requests for cancellations must be received by email at ohbehave@marin humane.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	City, State, Zip
Phone	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 guardian First-Time guardian Somewhat Experienced Experienced

Dog's Information

Name		Age	
Breed		Weight	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed/neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?