



Initial Consultation Form

General Information

Dog's name:

Name of the owner:

Address:

Phone number:

Email address:

What is the best way to reach you?

How did you hear about us? Did anyone refer to you?

Please list the individuals, including children that live with you and your dog:

Please list the other animals that live with you and and your dog:

Dog Information

Breed or Breed mix:

Sex:

D.O.B/Age/Estimate:

Current veterinarian:

Date of last veterinarian visit:

Is your dog spayed/ neutered?

Approximate age dog was spayed/neutered:

Date of Rabies shot:

Does your dog have a microchip/tattoo? Yes/No

If yes, can you provide the number?

Is your dog up to date on vaccinations? Please list last date of vaccination:

*Please provide a copy of most recent vaccination records

History of the dog

What is the main reason you are here today? Please be specific.

Where did you get your dog? (e.g. adopt from a shelter? purchased from a breeder?)

Is your dog good with other dogs? Yes/No

If no, please provide details

Has your dog ever shown aggression? Yes/No

If yes, please provide details

How does your dog react to strangers coming into the home?

Does your dog have any fears? Yes/No

If yes, please provide details

How many hours is your dog used to being left at home?

What is a typical day for your dog?

Can you approach your dog's bowl when eating?

How many times a day does your dog eat?

Please detail your routine:

Does your dog have any food allergies? Yes/No

If yes, please provide details

What type of exercise do you provide for your dog?

Is your dog used to getting a bath? Yes/No

Is your dog used to getting his/her teeth cleaned? Yes/No

Does your dog climb fences/Dig/Open gates? Yes/No

If yes, please provide details

Is your dog house trained? Yes/No

Has your dog been to training classes? Yes/No

If yes, what kind of classes?

What commands does your dog respond to?

Does your dog have any problems with food or is possessive with toys or chews?

If yes, please provide details

How do you play with your dog?

What are your dog's biggest motivators?

Medical

Did your dog have any medical problems in the past? Yes/No

If yes, please provide details:

Does your dog have any medical problems at the present time? Yes/No

If yes, please provide details:

Miscellaneous

Please feel free to add anything you think is relevant to understanding your dog: