**Deep Creek Veterinary Services**

**Canine Behaviour Consult Form**

**Client details**

Name

Home address

Contact phone number

Email address

**Canine Details**

Name

Age

Breed

Colour

Sex

How long have you owned this dog?

Have you owned dogs prior to this one?

Has you dog had any training and what method was used? Coercive (ie., choke chain) or positive (ie., food rewards)?

Explain in detail the issues you are having with this dog.

What have you or anyone else tried to remediate this issue?

How does your dog behave with other dogs?

Has your veterinarian examined this dog recently and if so what were the findings?

How does your dog behave at the veterinary hospital?

Are you able to trim your dogs nails?

Describe a day in the life of your dog (for example: what does he eat, where does he sleep, are there any other pets, do you work all day, how often does your dog go for a walk and for how long).

Are you or anyone in your household afraid of this dog?

Additional problems or comments