

## GREAT COMPANIONS

### Pre-Consultation Behavior History Form

In order to effectively assist you with your dog, it's important that I obtain as much information as I can about your dog's history. Please complete this questionnaire as accurately as you can. Upon completion **print it out**, then save a copy where you can find it on your computer. Then you may send it to Great Companions, P.O. Box 36, Neffs, PA 18065, along with your check for \$375 to "Great Companions." Or submit via email (click above) and make payment using PayPal on the Class Schedule page. Once I receive the form and payment, I will call you to schedule your first appointment. Thank you for your time and consideration, and I look forward to working with you. Ali Brown, M.Ed., CPDT 610 737-1550

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Housing:  apartment/condominium  duplex  single family home

Fenced Yard:  Yes  No

Dog's Name: \_\_\_\_\_

Breed or Mix: \_\_\_\_\_

Date of birth (if known) \_\_\_\_\_ Sex:  female  male

spayed/neutered

Obtained from:  breeder  adopted/rehomed from shelter or rescue group

Other: \_\_\_\_\_

Age of dog when acquired: \_\_\_\_\_

Number of previous owners: \_\_\_\_\_

Food:  Commercial Dry  Commercial Canned  Raw

Prescription  Home Cooked

Brand: \_\_\_\_\_

Frequency of meals:  once a day  2+ times a day  free fed

Food allergies: \_\_\_\_\_

Medical conditions (past or present): \_\_\_\_\_

Exercise: \_\_\_\_ times/day for \_\_\_\_ minutes \_\_\_\_ times/week for \_\_\_\_ minutes

Type of Exercise: \_\_\_\_ walk \_\_\_\_ run/jog \_\_\_\_ interactive play \_\_\_\_ dog park \_\_\_\_ dog daycare

Number of hours dog is alone each day: \_\_\_\_\_

When alone:  Dog is crated/kenned  confined in one or more rooms

free access to entire house  gets a break

List name/ages of all other humans living in household:

List other pets/animals living in household:

Dog's Formal Training:

- Puppy class age: \_\_\_\_\_ Trainer/school: \_\_\_\_\_
- Basic adult age: \_\_\_\_\_ Trainer/school: \_\_\_\_\_
- Intermediate/CGC age: \_\_\_\_\_ Trainer/school: \_\_\_\_\_
- Sports (agility, flyball) age: \_\_\_\_\_ Trainer/school: \_\_\_\_\_
- Competition level age: \_\_\_\_\_ Trainer/school: \_\_\_\_\_

Training equipment:

- flat buckle collar       harness (standard)
- slip/choke collar       martingale
- prong collar       E-collar (shock)       harness (no pull)
- anti-bark (shock)
- head halter (Gentle Leader, Halti)       anti-bark (citronella)

Has your dog ever bitten anyone under any circumstances?     Yes     No

If yes, how many incidents \_\_\_\_\_

- Severity of bites       Nip/No visible marks     Minor Scratch/Abrasion
- Teeth Marks       Puncture (No Medical Attention)
  - Puncture (Requiring Medical Attention)

Describe the most severe bite incident:

Reason(s) for consult:

On a scale of 1-10 (1 being a slight nuisance to 10 being considering giving up/  
euthanizing dog), how would you rate the severity of this issue?

When did onset of problem occur? \_\_\_\_\_ days \_\_\_\_\_ weeks  
\_\_\_\_\_ months \_\_\_\_\_ years ago.

Has problem increased in frequency or severity?  Yes  No

Please describe in detail the last two incidents involving or prompted by this issue:

1.

2.

Please list any/all additional concerns:

How have you handled this issue in the past:

Have you consulted with or sought out the help of others for this issue? If so, please list name/contact info.

Trainer(s):

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Behaviorist(s):

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Veterinarian(s):

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Please list any/all recommendations you were provided:

Please list any/all methods of discipline/punishment you have used:

- verbal reprimand       leash corrections       timeouts  
 ignore behavior       hit with hand       hit with object  
 scruff       pin down/alpha roll  
other (describe)

Please rate how often your dog exhibits the following behaviors.

1-Never    2-Rarely    3-Sometimes    4-Often    5-Always

- Barks and/or lunges at people on leash       at unfamiliar dogs   
Barks and/or lunges at people off leash       at unfamiliar dogs   
Initiates fights with male dogs       with female dogs   
Has bitten an unfamiliar dog       dog within same household   
Growls at people       Growls at unfamiliar dogs   
Mounts other dogs       Tries to mount humans legs   
Crouches/submissive to other dogs       to humans   
Ignores other dogs       Runs/Hides from other dogs   
Runs/Hides from strangers   
Urinates when approached by strangers   
Sits when asked       Lies down when asked   
Stays in place when asked   
Comes when called in confined area   
Comes when off-leash in public area   
Jumps up on people when greeting       Jumps up on counters   
Guards (growls/snaps) food/toys from other dogs   
Guards food/toys from humans   
Growls/snaps during grooming   
Growls/snaps when attempting to move from bed/sofa   
Growls/snaps at children   
Growls/snaps at men or people in uniform   
Fearful of loud noises (fireworks, thunder, trucks)   
Fearful of new places   
Barks/whines/howls when crated/kenneled   
Barks/whines/howls when left alone   
Destructive to property when left alone   
Attempts to get out of crate/room

Injures himself when left alone

Will not eat when left alone

Urinates/defecates in house when left alone

Urinates/defecates in crate

Licks self excessively

Licks you (humans) excessively

Barks/lunges at moving objects (bicycles, skateboards, joggers)

Chases cars

Barks/howls at night

Barks at passersby through window

Eats inedible items (rocks, plastic, glass, coins, socks, underwear)

Eats his own (or other dog's) feces

Please list any specific questions you would like answered during the consultation:

Please list your expectations for this consultation:

Please list your expectations/goals for your dog:

Vaccine Check: (for trainer use only):