Penny Davies

Canine Consultant

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**Behaviour Consultation Booking Form**

| **Owners name/s:** |
| --- |
|  |
| **Address:** |
|  |
| **Tel: Email:** |
|  |
| **Dogs name:** |
|  |
| **Breed: Age:** |
|  |
| **Colour: Gender: Neutered: Y/N** |

| **Describe your dog’s main problem here** |
| --- |

| Separation anxiety (dog upset when left alone) |  | Car sickness, drooling / vomiting |  |
| --- | --- | --- | --- |
| Destructive when alone only |  | New baby introduction to a resident dog |  |
| Destructive in general – anytime |  | Hyper sexuality (mounting people / items |  |
| Boisterous behaviour / hyperactivity |  | Introducing a new cat kitten to a resident dog |  |
| Excessive barking when alone |  | Introducing a new dog to a resident dog |  |
| Excessive barking anytime |  | House toilet training |  |
| Barking in a car at people / dogs |  | Other please describe |  |
| Excessive attention seeking to any person |  | **Aggression to people or dogs** |  |
| Excessive play biting |  | Aggression displayed mainly on the lead |  |
| Frightened of loud noises / sounds |  | Aggression chasing domestic animals |  |
| Eating faeces own / other dogs |  | Aggression to male dogs only |  |
| Eating faeces sheep / cow / horse |  | Aggression to female dogs only |  |
| Jumping up on people anywhere |  | Aggression to either male or female |  |
| General food scavenging outside the home |  | Aggression to own family dogs only |  |
| General food scavenging inside the home |  | Aggression to people territorially |  |
| Recall – Does your dog come when called |  | Aggression to people anywhere |  |
| Submissive urination |  | Aggression to family members |  |
| Dominant dog with owner |  | Aggression to owner food/toy/bone/grooming |  |
| General puppy care advice for first 25 weeks |  | Aggression displayed in car to people/dogs |  |

| **What is appropriate in relation to your dog** | **Approx date** | **Yes / No** |
| --- | --- | --- |
| Have you self-trained your dog in obedience? |  |  |
| Have you consulted the breeder regarding your dog’s problems? |  |  |
| Have you consulted your veterinarian regarding the behaviour problem? |  |  |
| Have you consulted a K9 behaviourist regarding your dog’s current problem? |  |  |
| Have you attended a dog training club with your dog for training? |  |  |
| Have you watched any videos / books regarding your dog’s current problem? |  |  |

| **House geography & general dog behaviour** |  |
| --- | --- |
| Do you live in a house / flat / bungalow / other? |  |
| Does your dog have access to all rooms in your home? |  |
| Do you have a garden / patio / other outside area for your dog? |  |
| Is your dog allowed to sleep on your bed? |  |
| Is your dog allowed to sleep in your bedroom? |  |

| **Your family**  Owner one | Name: |  |  |
| --- | --- | --- | --- |
| Owner two | Name: |  |  |
| Children under 16 | Name: | Age: | Gender: |
| Children under 16 | Name: | Age: | Gender: |
| Children under 16 | Name: | Age: | Gender: |
| Any other person/s living in the house? |  |  |  |
| Did you contact us through: | Veterinarian | Referral | Other |
| Do you have any other dogs/cats in the house? If so, please detail their names, breeds, and ages |  |  |  |

| **Attention Seeking Behaviour – tick what is appropriate for your dog** | **Yes** | **No** | **Sometimes** |
| --- | --- | --- | --- |
| Does your dog paw or attempt to paw at you |  |  |  |
| Does your dog lick your / other people’s hands or face |  |  |  |
| Does your dog mount people sexually (if especially children tick here also) |  |  |  |
| Does your dog have access to toys, ropes etc at home |  |  |  |
| Does your dog greet you on your return home |  |  |  |
| Does your dog get over excited / hyper on your return home |  |  |  |
| Is your dog indifferent to your return home or cannot be bothered |  |  | XXXXXXXX |

| **Activity Levels: Physiological – Psychological**  **Please read all questions once and ONLY answer on the second reading** |
| --- |

| Please tick:  What in your view is your dog’s activity level? | **Low** | **Average** | **Very active** | **Hyperactive** |
| --- | --- | --- | --- | --- |
| Please tick: |  |  | **Yes** | **No** |
| Does your dog like playing with other dogs it meets? | XXX | XXXXXX |  |  |
| During a walk with your dog, do you play any game with or without a toy? | XXX | XXXXXX |  |  |
| Does your dog generally ignore other dogs it encounters? | XXX | XXXXXX |  |  |
| Do you or others play tug – of – war with your dog with ropes and other toys? |  |  |  |  |
| How long (in total per day) is your dog’s exercise period? | | | | |
| Additional comments: | | | | |

| **Punishment – Do you practice the following** | **Yes** | **No** | **Sometimes** |
| --- | --- | --- | --- |
| Verbally punish your dog if you feel it is required or if your dog has misbehaved |  |  |  |
| Do you isolate your dog if you feel it has misbehaved |  |  |  |
| Do you physically punish the dog if you feel it has misbehaved |  |  |  |

| **Your specific view on the dog behaviour problem** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please tick:  The problem is very serious, and I would like to change it. However, if it remains unchanged, I will keep my dog. If the answer is yes, please skip the next question | | | | **I will keep my dog** | | **I will not keep my dog** | | |
| Please tick:  The problem is very serious, and I would like to change it however if it remains unchanged, I will have to consider: | **Rehoming your dog** | **Yes** | **No** | | **Euthanising your dog** | | **Yes** | **No** |
| Additional comments: | | | | | | | | |

| Please tick:  Is your dog’s history known? | **Yes** | **No** | Did you meet your dog’s parents (sire & dam)? | **Yes** | **No** |
| --- | --- | --- | --- | --- | --- |
| From a rescue organisation? |  |  | Has the dog had other owners? |  |  |
| From a kennel breeder? |  |  | From a house breeder? |  |  |
| Why was your dog given up? | | | | | |
| What age did you acquire your dog? | | | | | |
| Was your dog from another source? | | | | | |

| How old was your dog/puppy when it was first socialised with other people outside the home? |  |
| --- | --- |
| How old was your dog/puppy when it was first socialised with other dogs outside the home? |  |

| **Veterinary / Medical History:** | | |
| --- | --- | --- |
| Is your dog currently receiving any medication and or for the behaviour problem presented? If the answer is ‘yes’, please give details of the medication: | **Yes** | **No** |

| **Diet and Feeding:** | | | | |
| --- | --- | --- | --- | --- |
| Please provide details of what you feed your dog? | Tinned | Dry biscuit | Both | Raw |
| How many times a day do you feed your dog? | | | | |
| Do you give your dog treats and which type? | | | | |
| Who feeds your dog? | | | | |

| **Veterinary Practice:** |
| --- |
| **Veterinarian:** |
| **Surgery address:** |
| **Tel:** |
| **Email:** |

**Terms And Conditions**

* **Full fees will be charged at £195.00** and are non-refundable and payable on the day or in advance. Payment accepted by cash or BACS.
* Account details: Penny Davies Canine Consultant, Starling Bank, account:76686749, sort code:60-83-71
* **Cancellations will result in the loss of payment, or the session being charged for in full if the cancellation is made less than 48 hours before the session. Should the session be cancelled by Penny Davies Canine Consultant, a full refund will be given, or an alternative date booked.**
* During the consultation, the owner shall assume full responsibility of the dog in the event of any loss or damage, however caused.
* Penny Davies Canine Consultant reserves the right to change the content, timing, date, venue of the consultation in order to provide a high-quality service or where it is necessary for reasons beyond my control.
* Penny Davies Canine Consultant accepts no responsibility for injury to you or your dog.
* Penny Davies Canine Consultant accepts no responsibility for theft or damage to cars or property whilst at any training location.
* If your dog fouls an area while training, please pick after your dog.
* The owner undertakes to reimburse any damage to my possessions that could not reasonably be anticipated or avoided from the information given on the booking form.
* Any children under 18 must be accompanied by an adult
* It is each dog owner’s responsibility to ensure the safety of their dog by keeping all vaccinations up to date.
* Please always keep dogs on a lead unless otherwise directed by your instructor
* Please do not bring your dog to the consultation if he/she is unwell
* Penny Davies Canine Consultant reserves the right to offer alternative training to any dog owner if considered to be in the dog’s best interest or to ensure the safety of others

**Disclaimer**

Dog aggression can cause injury, including fatal injury to other animals and people. Any treatment for aggression is not a guarantee of permanent success in controlling and modifying the behaviour. It is the responsibility of the owner to ensure that their dog does not cause any harm in the future. Precautions may involve but are not limited to; keeping the dog on a lead, using a muzzle, informing others of the dog’s aggressive tendencies, not mixing with certain types of dogs or people, confinement behind fencing and doors. Owners are responsible for their dogs at all times and are advised to arrange adequate pet / household insurance to cover for liability in the event of damage or injury caused by their dog to property or a third party. It is strongly recommended that your dog is insured for third party liability with or without veterinary cover.

**General**

* The owner warrants that the information given on the booking form is honest, complete and will notify me of any changes.
* Signature of the booking form and/or electronic return of the booking form constitutes acceptance of these terms and conditions.

**Signed ……………………………………………. Date …………………….**