

# BEHAVIOUR CONSULTATION FORM



Dear Sir/Madam

Please take a moment to fill in this form before our first consultation and return it to me as soon as possible.

A consultation will take place at your home. Before this takes place, please record as much video as you can of your pet behaving both normally and engaged in the behaviour you are finding problematic. You can send this to me via email/Facebook Messenger/Dropbox/Whatsapp prior to the consultation. After the consultation I will prepare a behaviour modification program for you and your pet/s.

Please secure your cat/s in a **closed room** in preparation for my arrival, to ensure that they will be available for **observation** at the consultation. I need to meet your cat/s to properly assess the behaviour. This is only **temporary**.

*Note: All information shared below will be treated as confidential.*

OWNER DETAILS			
Name		Surname	
Cell Number		Alternate Number	
Email			
Physical Address			
Directions from Midrand (if necessary)			
VETERINARY DETAILS			
Practice Name		Vet Name	
Phone		Email	
Reason for last visit?		Date	
Are vaccinations up to date?			
Does your cat have any chronic conditions/allergies?			
Is your cat on chronic medication? Including supplements (e.g. CalmEze) or behavioural medication (e.g. Clomicalm/Sileo)			
What food does your cat mainly eat? (Brand & type)			
How many meals per day?			
Has the diet changed recently?			
If so, what was it previously?			
What treats/extras does your cat receive, how often, and in what context? (e.g. training/midday nibbles/dessert/randomly etc)			

PET DETAILS													
Name								Breed					
Age	Y		M		W		Sex	Male	Female	Sterilized	Yes	No	
Age when cat was sterilized? (if applicable)													
Age when cat came to live with you?													
What was the reason for getting <i>this</i> cat?													
Where is your cat from?			Breeder		Shelter			Pet Shop		Other			
Name of shelter/breeder/shop													
Contact person					Contact number					Email			
Did you see your cat's parents?			No	If Yes:		In a photo				In person			
Detailed description of the behaviour/s you feel are problematic													
For how long has this behaviour been happening?													
How have you attempted to stop the behaviour in the past?													
Within your home, where does your cat spend most of his/her time?													
Does your cat have access to the outdoors?													
Does s/he spend time exploring outside?							never	rarely		sometimes		often	
How often do you play with your cat?													
How do you play with your cat?													
What toys does your cat prefer?													
Has your cat ever hissed/swatted/yowled at a stranger/you?										Yes		No	
Circumstances:													
Has your cat ever bitten anyone?										Yes		No	
Circumstances:													
Has your cat been in a fight with another animal?										Yes		No	
Which animal?													

Was there physical damage to either animal?						Yes	No
Did it require veterinary care?						Yes	No
Is there anything your cat particularly dislikes? (e.g. children, touching ears, feet, loud noises, eye contact, hats, sudden movements)							
Please describe your cat's general demeanor and personality.							
I am a tutor and lecturer for COAPE SA – would you be comfortable with a student attending the consultation in order to gain experience?						Yes	No
<b>OTHER HOUSEHOLD PETS (if applicable)</b>							
Name		Species		Breed			
Age		Sex	M	F	Sterilized	Yes	No
Behaviour concerns?							
Name		Species		Breed			
Age		Sex	M	F	Sterilized	Yes	No
Behaviour concerns?							
Name		Species		Breed			
Age		Sex	M	F	Sterilized	Yes	No
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Age		Sex	M	F	Sterilized	Yes	No
Behaviour concerns?							
Name		Species		Breed			
Age		Sex	M	F	Sterilized	Yes	No
Behaviour concerns?							
Name		Species		Breed			
Age		Sex	M	F	Sterilized	Yes	No
Behaviour concerns?							

What are your primary goals in changing your dog's behaviour? (e.g. better communication, reduced aggression, improved relationship etc.)


I the undersigned understand that no guarantee is given and I have been made aware, and understand that the successful modification of the behaviour problem is dependent on my co-operation and adherence to the provided Behaviour Modification Plan. Jessica Prinsloo will not be held liable for any damages that may occur during or as a result of the consultation. I also declare by signature that the information given in this interview is true and correct.

Client Name (Printed)	Client Signature	Date

Please feel free to contact me if you have any questions or concerns. I look forward to working with you and your pet/s!

Kind Regards,

*Jess*

**Jessica Prinsloo (Jeppe)**

DipCAPT, ThinkingPets Confi-Puppy Instructor  
CertCAB, CAPBT Affiliate

Cell: 082 851 8448

Email: [jess@bestbehaviour.co.za](mailto:jess@bestbehaviour.co.za)

Website: [www.bestbehaviour.co.za](http://www.bestbehaviour.co.za)

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C A P B T



COAPE Association of Applied Pet Behaviourists & Trainers



**Guild Member**

Find me on [www.thinkingpets.com](http://www.thinkingpets.com)