

# 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 (**preferably**), or show me during the consultation. After the consultation I will prepare a behaviour modification program for you and your pet/s.

**Please secure your pet safely in a separate area for my arrival.** I do NOT need to meet your pet on my arrival and reserve the right not to enter your property if this instruction has not been followed. Interactions will be strictly on my terms in order to avoid injury to all parties involved.

*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             |  |
| Date of most recent vaccination?   |  |                  |  |
| Does your dog have any chronic conditions/allergies?   |  |                  |  |
| Is your dog on chronic medication? Including supplements (e.g. CalmEze) or behavioural medication (e.g. Clomicalm/Sileo)     |  |                  |  |
| What food does your dog 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 dog receive, how often, and in what context? (e.g. training/middy nibbles/dessert/randomly etc) |  |                  |  |
|  |  |                  |  |

| PET DETAILS  |   |  |         |         |                |       |               |        |           |            |     |    |
|--|---|--|---------|---------|----------------|-------|---------------|--------|-----------|------------|-----|----|
| Name   |   |  |         |         |                | Breed |               |        |           |            |     |    |
| Age  | Y |  | M       |         | W              |       | Sex           | Male   | Female    | Sterilized | Yes | No |
| Age when dog was sterilized? (if applicable)   |   |  |         |         |                |       |               |        |           |            |     |    |
| Age when dog came to live with you?  |   |  |         |         |                |       |               |        |           |            |     |    |
| What was the reason for getting <i>this</i> dog?   |   |  |         |         |                |       |               |        |           |            |     |    |
|  |   |  |         |         |                |       |               |        |           |            |     |    |
|  |   |  |         |         |                |       |               |        |           |            |     |    |
| Where is your dog from?  |   |  | Breeder |         | Shelter        |       | Pet Shop      |        | Other     |            |     |    |
| Name of shelter/breeder/shop   |   |  |         |         |                |       |               |        |           |            |     |    |
| Contact person   |   |  |         |         | Contact number |       |               |        |           | Email      |     |    |
| Did you see your dog'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?  |   |  |         |         |                |       |               |        |           |            |     |    |
|  |   |  |         |         |                |       |               |        |           |            |     |    |
|  |   |  |         |         |                |       |               |        |           |            |     |    |
|  |   |  |         |         |                |       |               |        |           |            |     |    |
|  |   |  |         |         |                |       |               |        |           |            |     |    |
|  |   |  |         |         |                |       |               |        |           |            |     |    |
| How often does your dog go on walks?   |   |  |         |         |                |       | ___ times per | day    | week      | month      |     |    |
| Does your walking route change?  |   |  |         |         |                |       | never         | rarely | sometimes | often      |     |    |
| How much <b>other</b> exercise does your dog receive and in what form? (play/swimming/fetch etc) |   |  |         |         |                |       |               |        |           |            |     |    |
|  |   |  |         |         |                |       |               |        |           |            |     |    |
| Has your dog ever growled at a stranger/you?   |   |  |         |         |                |       |               |        |           | Yes        | No  |    |
| Circumstances:   |   |  |         |         |                |       |               |        |           |            |     |    |
|  |   |  |         |         |                |       |               |        |           |            |     |    |
| Has your dog ever bitten anyone?   |   |  |         |         |                |       |               |        |           | Yes        | No  |    |
| Circumstances:   |   |  |         |         |                |       |               |        |           |            |     |    |
|  |   |  |         |         |                |       |               |        |           |            |     |    |
| Has your dog 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  |    |

|  |  |         |  |       |   |            |    |
|--|--|---------|--|-------|---|------------|----|
| Did your dog attend puppy socialization class <b>before 4</b> months of age?   |  |         |  |       |   | Yes        | No |
| Name of school   |  |         |  |       |   |            |    |
| Did your dog attend any training class <b>after 4</b> months of age?   |  |         |  |       |   | Yes        | No |
| Name of school   |  |         |  |       |   |            |    |
| Is there anything your dog particularly dislikes? (e.g. touching ears, feet, loud noises, eye contact, hats, sudden movements)           |  |         |  |       |   |            |    |
|  |  |         |  |       |   |            |    |
|  |  |         |  |       |   |            |    |
| Please describe your dog'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</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 |
| 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?  |  |         |  |       |   |            |    |
|  |  |         |  |       |   |            |    |
| 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, consistency in obedience, improved relationship etc.)

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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

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COAPE Association of Applied Pet Behaviourists & Trainers



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