

Client Details

Owner Name			
Prefix	First Name	Last Name	Preferred Name
Email			
example@ex	ample.com		
Mobile Ph	none		
Home/Work Phone			
Alternate Contact Name			
Alternate Contact Phone			
Residential Address			

Street	Λ	٦	٦	rooo
Sueer	Н	u	u	ress

Street Address Line 2

Postal Address (if different from above)

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Members of the Household

Please list all people and animals currently living in the household, including yourself and the dog you are presenting. Please also list any other people and/or animals that your dog frequently interacts with.

PEOPLE IN HOUSE (including yourself)

Full Name Gender **DOB** Occupation Relationship

If applicable, briefly describe any conditions that may impact your household's training ability and to whom it applies.				
			ncial/time constraints, la	ack of support/assistance, etc
OTHER PEOPLE FR	REQUENTLY INTE	RACT WITH		
Full Name	Gende	r Age	Rela	tionship
		ent/pet you are pres		
Name	Gender	Desexed?	DOB	Breed
OTHER ANIMALS I		ERACT WITH		
Name	Gender	Desexed?	Age	Breed

General Practice (GP) Vet

It is a requirement of ABC that your dog has had a recent health check with your GP veterinarian prior to initial behaviour consultation. A blood test (CBC, biochem, T4) is recommended if safe to do so, but not mandatory, and can be discussed further during consultation if you have any concerns about this procedure. Please either upload a copy of your dog's medical records and blood test below or ask your GP vet clinic to email them to emma@animalbehaviourcoaching.com.au prior to your initial consultation.

Veterinary Clinic	
Veterinarian	
Phone	
Email	
example@example.com	
Address	
Street Address	
Street Address Line 2	
City	State / Province
Postal / Zip Code	
Date of last visit	
Current weight (kg)	

Yes	No			
Other Businesses	5			
If your dog visits another the expandable section be		omer, boarding, daycare), please prov	vide their details in	
OTHER BUSINESS DETA	AILS			
Business Name	Phone	Business Email	Service	
Pet Insurance				
Do you have pet insurar	ıce?			
Yes	No			
Does your insurance co	ver behaviour?			
Yes	No	Unsure		
Insurance provider				
Policy number				

Community Impact

Can ABC contact your GP vet?

Have you had any complaints from your neighbours/the community about your dog?				
Yes		No		
If yes, please provide details	;			
Has your dog been issued a Order (barking/nuisance/me			ou received an inte	ntion to place an
Yes		No		
I give ABC permission to con	tact this Council	regarding my o	dog's behaviour.	
Yes		No		
Please describe the event(s) in your own words that lead to the Order or intention.				
Medical History				
Please detail any and all med special diets you currently or		•	s, supplements, phe	eremones, or
Product Name	Strength	Dose	Frequency	Condition

Please describe any medical issues your dog has.

Eg itchy skin, vomiting, diarrhoea, arthritis, lameness, ear infections, heart disease, diabetes, etc

Please describe your dog's behaviour at the vet clinic.

Please select all that apply to your dog:

Does not have any issues

Drinks excessively

Tummy upsets (eg off food, diarrhoea, vomiting)

Reacts to certain body parts being handled (eg

feet, mouth)

Has smelly breath or dental disease

Urinates or defecates inside

Urinates excessively

Licks, chews, or scratches itself excessively or

has skin issues

Sometimes appears stiff, limps, or yelps for no

apparent reason

Presenting Problem(s)

What problem(s) or concerning behaviour(s) is/are your dog displaying or why are you seeking behavioural help?

Presenting Problems

Problem Importance Frequency When did it start?

How have the problems changed over time?	
Eg getting worse, no change, improved and now worse again, run	ning away now lunging, etc
Have you sought advice for any of these problem	ns?
Yes	No
Please detail who you sought advice from, when	, what advice was given, and the outcome.
Thoughts & Feelings	

How does your dog's behaviour effect your life?

Eg feel like I can't go out, can't have friends or family visit, disrupts my sleep, etc

Why do you think your dog behaves like this?

Eg feel like I can't go out, can't have friends or family visit, disrupts my sleep, etc

Please select all that apply in relation to your dog's behaviour:

It causes conflict between household/family members

I am concerned I may have caused the problem

I have considered euthanising my dog

A vet or trainer has recommended I euthanise my

dog

None of these statements apply

I believe my dog is suffering

I have considered rehoming my dog

Others have recommended I euthanise my dog

I think my dog is being dominant

Please select the statement that best suits your dog's behaviour.

It is not serious. I am here out of curiosity.

It is not serious. I am here only because I have to be.

I would like it to change, but if it doesn't, I will keep my dog.

If it does not change, I will rehome or euthanise my dog.

None of these statements apply

What are your goals or expectations?

Eg be calm around... or be able to cope with...

Household

Please describe your dog's environment.				
Flat/Unit	Small Yard	Medium Yard		
Large Yard	Small Acreage (<5 acres)	Farm		
Does your dog reside at the give	en address?			
Yes	No			
Do you own this property?				
Yes	No			
Describe your typical household	atmosphere.			
Eg noisy, calm, lots of people coming and g	oing, structured and routine, always changin	g, etc		
If your household has changed at all since acquiring this dog, please provide details.				
Eg moved house, renovations, marriage, div	orce, death, illness, new family members, nev	v pets, change of job or routines, etc.		
Briefly describe the relationship between your dog and the household members, including yourself, other people and pets.				

Early Life Where did you get your dog from? If your dog was rehomed, state why? Why did you decide to get this particular dog? Describe your dog's personality and temperament. Describe your dog's socialisation until 16 weeks old.

Eg exposure to other animals, people, new places, training classes, etc

Daily Life

Briefly describe a typical day in the life of your dog at the moment. It is recommended that you take short videos to represent each of these time frames to show in consult.

5am-9am			
9am-3pm			
3pm-7pm			
7pm-11pm			
EXERCISE			
Туре	Duration	Frequency	Dog's behaviour
Please describe any is	ssues you have on o	outings with your dog?	
Eg pulls on lead, lunges at oth	er dogs behind fences, ba	rks at people	
What is your dog's fee	ding regime? What	, where, when, and by w	/hom is your dog fed?

If you use any creative feeding techniques, please describe type, frequency, and your dog's response.
Eg puzzle feeders, stuffed Kong's, long lasting chews, bones, treat balls, etc
Please describe your dog's eating habits.
Eg normal, fussy, scoffs food, grazes
How long does your dog sleep in a day?
Sleep is defined as deep sleep; not still on alert
Where does your dog sleep in the day?
Where does your dog sleep at night?
Home Alone
The word "alone" in these questions refers to the absence of people, not other animals.
Where is your dog when you are home?

Where is your dog when it is alone?

On average, how long is your dog home alone?

Tick all that currently or historically apply when your dog is home alone:

My dog has attempted to escape from the I have no concerns leaving my dog alone

property

My dog has escaped from the property My dog has injured itself

My dog has engaged in destructive behaviours My dog barks

My dog doesn't eat or drink My dog has urinated or defecated inside

If applicable, describe your dog's behaviour if it is separated from your other pets.

How does your dog behave when you leave home?

How does your dog behave when you arrive home?

If you have ever filmed your dog when it was alone, please describe its behaviour?

How does your dog behave if it is separated from you when you are home?

Sociability

How does your dog react towards FAMILIAR dogs?

How does your dog react towards UNFAMILIAR dogs?				
How does your dog react toward	ds FAMILIAR people?			
How does your dog react toward	ds UNFAMILIAR people?			
Please describe your dog's behaviour when people/animals walk past your property?				
Has your dog ever bitten a person	on?			
Yes	No	Maybe		
Has your dog ever bitten another animal?				
Yes	No	Maybe		
If your dog has ever bitten another person or animal, please describe:				

Other Behaviours

Are you having issues with any of the following (check all that apply)?

Mouthing/biting Not sleeping Jumping up House soiling Digging Barking

Unable to put lead/harness/collar on Unable to brush/groom Mounting/humping Tail chasing/spinning

Has your dog shown concern, become worried about, or aggressive in response to any of the following (check all that apply)?

Water/bathing Sudden noises

Storms/fireworks Vehicles/bikes/skateboards

Car travel Traffic

Dogs approaching food/toys/bed People approaching food/toys/bed

Unfamiliar/new environments Unfamiliar/new objects

Please describe any other triggers/situations where your dog is FEARFUL.

Please describe any other triggers/situations where your dog is OVEREXCITED.

Please describe any other triggers/situations where your dog is REACTIVE.

Please describe any other triggers/situations where your dog is AGGRESSIVE.

The aim of aggression is repulsion of the threat. Aggression may include a hard stare, lunge, aggressive bark, growl, snarl, lip lift, air snap, bite.

Training

What equipment have you used on your dog (check all that apply)?

Plain collar Front-attach harness Back-attach harness Choker/check chain Citronella collar Halti/head collar Electronic (vibration or shock) collar Prong collar



Please select all methods used to train this dog:

Treats Toys

Verbal praise Patting or massage

Cues or signals Targets

Lures Physical contact (eg push bottom to sit)

Verbal punishment Physical punishment
Reassurance Time out or confining

Play or games

When did you last attend dog training classes?

1-2 years

2-5 years

>5 years

I have never attended dog training

Methods used?

Reward based

Correctional

Combination

Unsure

How does your dog react to being punished?

List, in order, your dog's 3 most motivating foods.

List, in order, your dog's 3 favourite activities.

Final Thoughts

Please tell me anything else you think I need to know.

How did you find out about Animal Behaviour Coaching?

Vet Clinic Trainer

Council Industry Staff (eg kennel, groomer)

Friend/Family Website

Facebook YouTube

Poster/flier

Owner checklist prior to initial consultation (if you haven't already uploaded as part of this form, please email to emma@animalbehaviourcoaching.com.au or bring a hard copy with you):

Photo of you and your dog for their file (if desired)

Basic floorplan of house/property or video walk-through

Patient records from regular GP vet clinic (required)

Recent veterinary examination and blood test

Completed pet insurance form (if applicable)

Copy of Council Order uploaded or emailed (if applicable)

Videos of your dog's daily life

Informed Consent for Treatment

Animal Behaviour Coaching

Terms & Conditions

I agree to Animal Behaviour Coaching's Terms & Conditions, which can be found at https://www.animalbehaviourcoaching.com.au/terms-conditions.html

Consent to off-label and compounded use of medication

I understand that the treatment of behavioural issues in pets may involve the use of medication. Some medications are not licensed for use in the species being treated or for the condition being treated. However, the medications are licensed for use in humans, often having undergone extensive clinical trials in animals. In addition, some medications (or specific formulations or strengths) are not commercially available and need to be compounded by a compounding pharmacy. As with all medications, there are potential side effects. Serious side effects are rare, and every effort will be made to minimise them. Medication may need to be adjusted during treatment depending on response and desired outcome.

Signature

Nan	ne	
First	Name	Last Name
Date	9	W.
Dav	Month Yea	r

Appointment Booking

I already have A Behaviour Consult booked

I would like to book A Behaviour Consult online (you will be redirected after you Submit this profile if you select this option)

I would like Animal Behaviour Coaching to call me to book A Behaviour Consult

Thank you for your time and effort taken to complete this profile. It is much appreciated and we look forward to helping you and your dog soon.

If the Submit button comes up with an error (eg "one or more fields are required"), please Save or Print your form and email to

emma@animalbehaviourcoaching.com.au or call me on 08 8755 1732 for assistance.