

ANIMAL BEHAVIOUR *coaching*

Client Details

Owner Name

Prefix First Name Last Name Preferred Name

Email

example@example.com

Mobile Phone

Home/Work Phone

Alternate Contact Name

Alternate Contact Phone

Residential Address

Street Address

Street Address Line 2

City State / Province
Postal Address (if different from above)

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

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.

Eg mobility/sight/hearing/learning difficulty, health concerns, disability, financial/time constraints, lack of support/assistance, etc

OTHER PEOPLE FREQUENTLY INTERACT WITH

| Full Name | Gender | Age | Relationship |
|------------------|---------------|------------|---------------------|
|------------------|---------------|------------|---------------------|

ANIMALS IN HOUSE (including patient/pet you are presenting for consult)

| Name | Gender | Desexed? | DOB | Breed |
|-------------|---------------|-----------------|------------|--------------|
|-------------|---------------|-----------------|------------|--------------|

OTHER ANIMALS FREQUENTLY INTERACT 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)

Can ABC contact your GP vet?

Yes

No

Other Businesses

If your dog visits another business regularly (eg groomer, boarding, daycare), please provide their details in the expandable section below.

OTHER BUSINESS DETAILS

Business Name

Phone

Business Email

Service

Pet Insurance

Do you have pet insurance?

Yes

No

Does your insurance cover behaviour?

Yes

No

Unsure

Insurance provider

Policy number

Community Impact

Have you had any complaints from your neighbours/the community about your dog?

If yes, please provide details

Yes

No

Has your dog been issued a Council Control Order, or have you received an intention to place an Order (barking/nuisance/menacing/dangerous dog)?

Yes

No

I give ABC permission to contact this Council regarding my 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 medications, parasite preventatives, supplements, pheromones, or special diets you currently or regularly give your dog.

Product Name

Strength

Dose

Frequency

Condition

Please describe any medical issues your dog has.

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

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

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, running away now lunging, etc

Have you sought advice for any of these problems?

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

I believe my dog is suffering

I have considered rehoming my dog

Others have recommended I euthanise my dog

Please select the statement that best suits your dog's behaviour. My dog is being dominant

None of these statements apply

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

Other

Does your dog reside at the given address?

Yes

No

Other

Do you own this property?

Yes

No

Describe your typical household atmosphere.

If your household has changed at all since acquiring this dog, please provide details.

Eg noisy, calm, lots of people coming and going, structured and routine, always changing, etc

Eg moved house, renovations, marriage, divorce, death, illness, new family members, new pets, change of job or routines, etc.

Briefly describe the relationship between your dog and the household members, including yourself, other people and pets.

Which person cares for your dog, who is your dog most attached to, do they engage well (play/sleep together, groom each other), do they ignore or avoid each other, and/or do they display aggression towards each other?

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

Type

Duration

Frequency

Dog's behaviour

Please describe any issues you have on outings with your dog?

Eg pulls on lead, lunges at other dogs behind fences, barks at people

What is your dog's feeding regime? What, where, when, and by whom 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:

I have no concerns leaving my dog alone

My dog has escaped from the property

My dog has engaged in destructive behaviours

My dog doesn't eat or drink

My dog has attempted to escape from the property

My dog has injured itself

My dog barks

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 towards FAMILIAR people?

How does your dog react towards UNFAMILIAR people?

Please describe your dog's behaviour when people/animals walk past your property?

Has your dog ever bitten a person?

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 |
| Light/shadow chasing | Obsessions eg flies, birds, vermin, balls |
| Other | |

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 objects | Unfamiliar/new environments |
| Other | |

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.

Training

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.

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

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

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 | Other |

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 | Other |

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

Name

First Name Last Name

Date

Day Month Year

Appointment Booking

I already have a consult booked

I would like to book a consult online (you will be

I would like Animal Behaviour Coaching to call me to book a 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 admin@animalbehaviourcoaching.com.au or call me on 08 8755 1732 for assistance.