

DOG BEHAVIOR CONSULTATION PRELIMINARY FORM

OWNER INFORMATION

Today's date: _____
Owner's name: _____
Address: _____ Zip: _____
Home Phone _____
Business phone _____
Email: _____
Referred by: _____
How did you hear about Joni? _____

DOG INFORMATION

Name of dog: _____
Breed of dog: _____
Age of dog: _____
Sex of dog: Male _____ Female _____
Neutered / Spayed? _____ If yes, at what age? _____
At what age did you obtain the dog _____
Where did you acquire this dog _____
List your daily activities with your dog?

Does your dog live primarily indoors _____ outdoors: _____
Where does your dog stay at night?

Approximately how many walks do you and your dog take during a typical week?

What time of day are your walks?

Is your dog left alone during the day? _____ For How long? _____
Where is your dog kept during the day _____
Where is your dog when guests visit? _____
What is your dog's feeding schedule?

Who feeds the dog? _____

List the total number of pets in your home:

Are there any intact pets in your home? Yes _____ No _____

Please list your intact pets if any:

Has your dog had any formal obedience training? Yes: _____ No: _____

Where _____

When _____

For how long _____

What commands does your dog know _____

Does your dog come to you reliably when called? Indoors? _____

Outdoors? _____

Does your dog get along with other dogs? _____ with Cats? _____

How does your dog react to unfamiliar people?

Do you have any children in your home?

Please list sexes and ages of children:

ANIMAL BEHAVIOR PROFILE

Please describe your dog's behavior problem/s

Under what circumstance was the undesired behavior first noticed?

When is it most likely to occur?

How often has the undesired behavior occurred?

Has this behavior increased in frequency? Please describe:

What has been done so far to correct this problem? Please describe:

What was the dog's response to the correction?

Were there any significant changes in the dog's environment prior to the appearance of this problem? (ex: new baby, new pet, change in home location, change in work hours, etc.)

If your dog has aggressive tendencies such as nipping, biting, growling or showing of teeth, please check any situations where this aggression is likely to occur:

- Around food
- While sleeping or resting
- While near owner
- During petting
- When approached by strangers
- Around other dogs
- Around children
- When being punished
- In the car
- While taking toys away
- During nail trimming or grooming
- While inside a fenced area

Fill this form out and mail it along with a \$50 deposit to Joni at:

Joni Johnson-Godsy
PO Box 19194
Lenexa KS 66285

Make Checks Payable to: Joni Johnson-Godsy

Or

Use Credit Card

- Mastercard
- Visa
- American express
- Discover

Credit Card Number: _____

Name as it appears on the card: _____

Expiration Date: _____ Card Security Code: _____

Billing Address of the Credit Card:

Street Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Card Security Code

The three- or four-digit code assigned to a customer's credit card number. This number is found either on the back of the card or on the front of the card at the end of the credit card number.

