

## GREAT COMPANIONS

### Pre-Consultation Behavior History Form

In order to effectively assist you with your dog, it's important that I obtain as much information as I can about your dog's history. Please complete this questionnaire as accurately as you can. Upon completion **print it out**, then save a copy where you can find it on your computer. Then you may send it to Great Companions, 1480 Coventry Road, Allentown PA, 18104, along with your check for \$475 to "Great Companions." Or submit via email (click above) and make payment using PayPal on the Class Schedule page. Once I receive the form and payment, I will call you to schedule your first appointment. Thank you for your time and consideration, and I look forward to working with you. Ali Brown, M.Ed., CPDT 610 737-1550

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Housing: ☐ apartment/condominium ☐ duplex ☐ single family home

Fenced Yard: ☐ Yes ☐ No

Dog's Name: \_\_\_\_\_

Breed or Mix: \_\_\_\_\_

Date of birth (if known) \_\_\_\_\_ Sex: ☐ female ☐ male

☐ spayed/neutered

Obtained from: ☐ breeder ☐ adopted/rehomed from shelter or rescue group

Other: \_\_\_\_\_

Age of dog when acquired: \_\_\_\_\_

Number of previous owners: \_\_\_\_\_

Food: ☐ Commercial Dry ☐ Commercial Canned ☐ Raw

☐ Prescription ☐ Home Cooked

Brand: \_\_\_\_\_

Frequency of meals: ☐ once a day ☐ 2+ times a day ☐ free fed

Food allergies: \_\_\_\_\_

Medical conditions (past or present): \_\_\_\_\_

Exercise: \_\_\_\_\_ times/day for \_\_\_\_\_ minutes \_\_\_\_\_ times/week for \_\_\_\_\_ minutes

Type of Exercise: \_\_\_\_\_ walk \_\_\_\_\_ run/jog \_\_\_\_\_ interactive play \_\_\_\_\_ dog park \_\_\_\_\_ dog daycare

Number of hours dog is alone each day: \_\_\_\_\_

When alone: ☐ Dog is crated/kenned ☐ confined in one or more rooms

☐ free access to entire house ☐ gets a break

List name/ages of all other humans living in household:

List other pets/animals living in household:

Dog's Formal Training:

- ☐ Puppy class age: \_\_\_\_\_ Trainer/school: \_\_\_\_\_
- ☐ Basic adult age: \_\_\_\_\_ Trainer/school: \_\_\_\_\_
- ☐ Intermediate/CGC age: \_\_\_\_\_ Trainer/school: \_\_\_\_\_
- ☐ Sports (agility, flyball) age: \_\_\_\_\_ Trainer/school: \_\_\_\_\_
- ☐ Competition level age: \_\_\_\_\_ Trainer/school: \_\_\_\_\_

Training equipment: ☐ flat buckle collar ☐ harness (standard)

☐ slip/choke collar ☐ martingale

☐ prong collar ☐ E-collar (shock) ☐ harness (no pull)

☐ anti-bark (shock)

☐ head halter (Gentle Leader, Halti) ☐ anti-bark (citronella)

Has your dog ever bitten anyone under any circumstances? ☐ Yes ☐ No

If yes, how many incidents \_\_\_\_\_

Severity of bites ☐ Nip/No visible marks ☐ Minor Scratch/Abrasion

☐ Teeth Marks ☐ Puncture (No Medical Attention)

☐ Puncture (Requiring Medical Attention)

Describe the most severe bite incident:

Reason(s) for consult:

On a scale of 1-10 (1 being a slight nuisance to 10 being considering giving up/  
euthanizing dog), how would you rate the severity of this issue?

When did onset of problem occur? \_\_\_\_\_ days \_\_\_\_\_ weeks  
\_\_\_\_\_ months \_\_\_\_\_ years ago.

Has problem increased in frequency or severity? ☐ Yes ☐ No

Please describe in detail the last two incidents involving or prompted by this issue:

1.

2.

Please list any/all additional concerns:

How have you handled this issue in the past:

Have you consulted with or sought out the help of others for this issue? If so, please list name/contact info.

Trainer(s):

---

Behaviorist(s):

---

Veterinarian(s):

---

Please list any/all recommendations you were provided:

Please list any/all methods of discipline/punishment you have used:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> verbal reprimand | <input type="checkbox"/> leash corrections   | <input type="checkbox"/> timeouts        |
| <input type="checkbox"/> ignore behavior  | <input type="checkbox"/> hit with hand       | <input type="checkbox"/> hit with object |
| <input type="checkbox"/> scruff           | <input type="checkbox"/> pin down/alpha roll |  |
| other (describe)                          |  |  |

Please rate how often your dog exhibits the following behaviors.

1-Never    2-Rarely    3-Sometimes    4-Often    5-Always

- |   |                                     |                            |                          |
|---|-------------------------------------|----------------------------|--------------------------|
| Barks and/or lunges at people on leash              | <input type="checkbox"/>            | at unfamiliar dogs         | <input type="checkbox"/> |
| Barks and/or lunges at people off leash             | <input type="checkbox"/>            | at unfamiliar dogs         | <input type="checkbox"/> |
| Initiates fights with male dogs                     | <input type="checkbox"/>            | with female dogs           | <input type="checkbox"/> |
| Has bitten an unfamiliar dog                        | <input type="checkbox"/>            | dog within same household  | <input type="checkbox"/> |
| Growls at people                                    | <input type="checkbox"/>            | Growls at unfamiliar dogs  | <input type="checkbox"/> |
| Mounts other dogs                                   | <input type="checkbox"/>            | Tries to mount humans legs | <input type="checkbox"/> |
| Crouches/submissive to other dogs                   | <input type="checkbox"/>            | to humans                  | <input type="checkbox"/> |
| Ignores other dogs                                  | <input type="checkbox"/>            | Runs/Hides from other dogs | <input type="checkbox"/> |
| Runs/Hides from strangers                           | <input type="checkbox"/>            |                            |                          |
| Urinates when approached by strangers               | <input type="checkbox"/>            |                            |                          |
| Sits when asked                                     | <input type="checkbox"/>            | Lies down when asked       | <input type="checkbox"/> |
| Stays in place when asked                           | <input type="checkbox"/>            |                            |                          |
| Comes when called in confined area                  | <input type="checkbox"/>            |                            |                          |
|   | Comes when off-leash in public area | <input type="checkbox"/>   |                          |
| Jumps up on people when greeting                    | <input type="checkbox"/>            | Jumps up on counters       | <input type="checkbox"/> |
| Guards (growls/snaps) food/toys from other dogs     | <input type="checkbox"/>            |                            |                          |
| Guards food/toys from humans                        | <input type="checkbox"/>            |                            |                          |
|   | Growls/snaps during grooming        | <input type="checkbox"/>   |                          |
| Growls/snaps when attempting to move from bed/sofa  | <input type="checkbox"/>            |                            |                          |
| Growls/snaps at children                            | <input type="checkbox"/>            |                            |                          |
| Growls/snaps at men or people in uniform            | <input type="checkbox"/>            |                            |                          |
| Fearful of loud noises (fireworks, thunder, trucks) | <input type="checkbox"/>            |                            |                          |
| Fearful of new places                               | <input type="checkbox"/>            |                            |                          |
| Barks/whines/howls when crated/kenneled             | <input type="checkbox"/>            |                            |                          |
| Barks/whines/howls when left alone                  | <input type="checkbox"/>            |                            |                          |
| Destructive to property when left alone             | <input type="checkbox"/>            |                            |                          |
| Attempts to get out of crate/room                   | <input type="checkbox"/>            |                            |                          |

Injures himself when left alone ☐  
Will not eat when left alone ☐  
Urinates/defecates in house when left alone ☐  
Urinates/defecates in crate ☐  
Licks self excessively ☐ Licks you (humans) excessively ☐  
Barks/lunges at moving objects (bicycles, skateboards, joggers) ☐  
Chases cars ☐ Barks/howls at night ☐  
Barks at passersby through window ☐  
Eats inedible items (rocks, plastic, glass, coins, socks, underwear) ☐  
Eats his own (or other dog's) feces ☐

Please list any specific questions you would like answered during the consultation:

Please list your expectations for this consultation:

Please list your expectations/goals for your dog:

### **Liability Waiver**

By completing this form and returning it with payment, the owner agrees to follow all recommendations provided by GREAT COMPANIONS, LLC. Failure to do so may result in poor skill achievement and/or termination of classes. Classes can be rescheduled if 24 hours' notice is given. All other classes not attended will be charged toward the course fee. This contract payment is valid for six weeks for a 3-pack of lessons or 8 weeks for a 4-pack of lessons from the date of the first lesson. Lessons must be started within 8 weeks of payment.

Vaccine Check: (for trainer use only):