



Philippa Short
animal.friend@hotmail.co.uk
www.animalfriend.co.uk



121 Consultation Form

About You

Name of Owner

Address

Post Code

Telephone (day)

Telephone (evening)

Mobile

E-mail

About Your Dog

Name of Dog

Date of Birth

Breed (if a cross breed do you know what breeds are mixed?)

Colour

Sex - MALE FEMALE Spayed/Neutered YES NO

Age when spayed/neutered?

If an Unspayed female, when was the date of her last season

Is your Unspayed female prone to phantom/false pregnancies

What age was the dog obtained at?

Where from? (i.e. breeder, rescue etc.)



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Name of Veterinary Practice

Do you have a particular Vet that you see?

Address of Vet

Post Code

Telephone

Is your dog insured? If yes with who and when is your renewal date?

Brief Medical History (please list any recurrent problems, accidents, injuries, if major medical history please attach a history from your vet – they will normally print this off for you)

Does your dog have any allergies?

Is your dog on any medication? (please give details)

When was your dog last vaccinated?

When was your dog last wormed? (what product was used?)

When was your dog flea treated? (what product was used?)

How does your dog normally eat their food (please circle the most appropriate)

Very Picky

Slowly

Bolts food down



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What is the dog fed on? (Please state exact brand)

How many meals per day

Is the dog fed any supplements in their food?

What tit-bits is the dog fed?

How much exercise does the dog have per day?

Is this on or off lead?

Does your dog like to be exercised, or do they need to be persuaded?

What socialisation has the dog had?

Has the dog had any training?.

How do you play with your dog?(i.e. throwing a ball, tug of war etc.).

Where does the dog sleep at night?

Does your dog get excited by fast moving things like bikes, horses or joggers?

Is your dog sound sensitive? (does he react to loud or strange noises)

Does your dog follow you around like a shadow?



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Do you think your dog is in general a confident dog or a slightly nervous dog? Please give details

What is the dogs daily routine?

What behaviours do you need help with? (please give details)

What are your goals for the training? (please give details)

- I understand that I will be taught techniques to improve my dog's behaviour. I also understand that it is my responsibility to continue to practice with my dog in order for training to be effective
- Although every care will be taken, please note we cannot accept any liability for sickness or injury that may occur to you or your dog
- Animal Friend believes in using positive training methods which will motivate my dog to want to learn. This will be achieved using treats, toys and praise.
- Animal Friend does not endorse training techniques which cause pain or fear

Signed

Date

Print Name