

## **Do No Harm Dog Training Behavioral Consultation Form**

**Notice: Linda Michaels now serves a very limited number of select clients as an exclusive service, by necessity. Pricing and promotional value TBD.**

**Who referred you to Linda for private consulting?**

First Name	Last Name
Email	Address
Phone	
•What is your main reason for contacting a dog psychologist/behavior consultant?	
•Your secondary reason?	

### **Household Dogs**

Name 1	Breed/Mix	Age	Male or Female Neutered/Spayed	Weight
Name 2	Breed/Mix	Age	Male or Female Neutered/Spayed	Weight

### **Health**

•When was the last time your dog(s) had a complete wellness veterinary exam?
•Has your dog had a complete veterinary wellness exam after the onset of the problem behavior?
Does your dog have medical conditions that may impact training or be painful, such as: hearing or sight loss, hip dysplasia, arthritis, previous injury other?
Food Allergies?

May I have your permission to discuss your dog's case and progress with your veterinarian? Yes/No
Veterinarian Name

### **Training History**

My dog had: • Classes • Private training • Boot Camp
How successful was it? What did you like about it? What didn't you like about it?
Please choose the leash-walking tools you use now: • Harness • Flat Collar • Gentle Leader Head Halter • Martingale Collar • Shock Collar • Prong Collar • Choke Collar • Retractable Leash
Please choose the leash-walking tools you have used in the past: • Harness • Flat Collar • Gentle Leader Head Halter • Martingale Collar • Shock Collar • Prong Collar • Choke Collar • Retractable Leash

### **Socialization Skills**

On a 1 to 5 scale, with 1 being the worst and 5 being the best, how would you rate your dog's socialization skills with people?
How does your dog "greet" strangers coming into the house? Is it a problem?
Do you have an infant or toddler in the home?
On a 1-5 scale, with 1 being the worst and 5 being the best, rate your dog's socialization skills with household dogs:
On a 1-5 scale, with 1 being the worst and 5 being the best, rate your dog's socialization skills with stranger dogs:

### **Aggression and Resource Guarding With People**

Does your dog have aggression problems with: You, other family members, strangers, children, men, guests, other people, reaction to moving objects such as skateboards, bicycles, joggers, cars, etc.? Yes/No
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- Does your dog have a bite or "nip" history with people? If so, an Incident Report assessment will be required. Yes/No
- How many bites?

### **Aggression and Resource Guarding With Other Dogs- Dog/Dog Aggression**

Does your dog have a problem with other dogs?

Yes/No

Does your dog have a bite history to other dogs? If so, an Incident Report assessment will be needed.

Yes/No

- How many bites?
- How many fights?

### **Separation Anxiety**

Please describe behaviors and what happens when you prepare to leave the house.

Please describe behaviors and what happens after you leave the house.

Please describe behaviors and what happens upon your return.

Which of the following apply to your dog when you are gone:

- Self-inflicted injuries/mutilation such as biting paws
- Housetraining regression
- Destructive behavior
- Attempts at escape to follow you
- My dog is kept in a crate

**Annoyance Problems**

Such as: houstraining, barking, jumping, mounting, marking, or other similar annoyance problems. Please describe each one you would like to address with treatment.

**Training Goals**

Describe your and your family members' willingness to participate in treatment.
Describe your family's goals and expectations.
Describe your willingness to keep your pet.

By submitting this form I agree to the [liability release](#).

Please send this form to [LindaMichaelsPositively@gmail.com](mailto:LindaMichaelsPositively@gmail.com)

The statements contained in the Assessment Form above are true to the best of my knowledge.

Names of Client/Pet Parents

Signatures of Client/Pet Parents

Date \_\_\_\_\_