

**IMPORTANT NOTE: the prices below are for initial consultations only.**

**Any subsequent consultations or 1-2-1 sessions are charged additionally.**

Our consultations include an action plan to take away on the day of consultation, full assessment, prognosis and written report together with free telephone or email follow-up related to the presenting complaint for a period of 3 months thereafter.

Our initial face to face consultation **standard** fee is **£650 (includes VAT)**

For **zoom** consults the fee is **£500 (clients who are more than 1hr away or only wanting online support)**

In all cases where further medical tests or medication are required these will be arranged and charged through the referring veterinary surgeon.

#### Prices may be subject to change; please consult the website for current prices.

#### Please refer to our website (www.thelondonvet.com) for further information and contact details.

This form should be completed by the person who spends most time with the dog. Please discuss your responses with the whole family and indicate any areas of disagreement between individuals.

Please include as much information as possible, and please use a separate sheet where necessary.

**(Mr/Mrs/Miss/Ms/Dr)Surname** **First name**

**Your dog’s name**

**Address**

**Post code**

**Tel (day)** **Tel (evening)**

**Tel (mobile)** **Email**

**For office use only:**

Consultation date and time: Clinician(s):

End of 3 month follow up (date):

Presenting problem:

Confirmation sent (date): Payment received (date):

###### CANINE BEHAVIOUR CONSULTATION

**If you are filling in this form by hand, please sign here:**

What previous experience do you have with dogs?

**Briefly explain the reason for obtaining the animal for whom you would now like help.**

**Briefly describe your ideal dog here**

#### ABOUT YOUR DOG

**Age:**       **Date of birth:**       **Age when obtained:**

**Breed** (if cross, indicate predominant breed if known otherwise Mongrel or mixed)**:**

**Sex (please mark the appropriate boxes):** **[ ]** Male [ ]  Female

[ ]  Neutered [ ]  Intact

**Vaccination status:**       **Date last wormed:**

**Is your dog insured?** **[ ]** Yes **[ ]** No **Renewal date:**

#### Please describe in a few words, the nature of the problem causing concern? (we will ask for more details later). If there is more than one problem please number them in order of importance to each member of the family (no. 1 = most important)

**Is your pet currently on any medications or supplements etc. (such as dietary supplements or herbal products)? If yes, please list name and dosage.**

**Has your pet been on medication for his/her behaviour in the past? If yes, please list name and dosage.**

**Is your pet on any medication for his/her behaviour now? If yes, please list name and dosage.**

**Known medical history (especially recurrent problems) – please attach a history from your vet if necessary:**

YOUR HOME

**Type of home (i.e. flat, etc):**

**Degree of access by dog:**

Please list other household pets, names, species, ages, gender and whether they are spayed or neutered.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Species | Age | Gender / Neutered |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Please list names and ages of other family members who live at home and how you would describe the relationship of each family member with your dog:**

|  |  |  |
| --- | --- | --- |
| Name | Age | Relationship with dog |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**If relevant to the problem, e.g. in the case of guarding behaviour in the home, please provide a floor plan of your home**

**YOUR DOG’S EARLY HISTORY & DEVELOPMENT**

**Source:**

**Details of early life if known, including litter size, early illness, rehoming etc**

How was your dog housetrained? Please include details of the age at which you started training, and how long it took to housetrain your dog?

**How did you treat mishaps at this time?**

**Have you ever attended training classes with this pet?** Please give details (when, where, age of pet, what was done)

**How did your dog do in class?**

[ ]  Very well [ ]  Average [ ]  Poor [ ]  Was asked to leave [ ]  Not sure

**Obedience commands known:**

[ ]  Sit [ ]  Stay [ ]  Down [ ]  Give Paw Other:

**Is your dog more obedient in different places or with specific individuals?**

**If your dog does any tricks, please give some details of them here**

**If your dog plays games, please give some details of them here**

**Intelligence: Do you think your dog is good / average / poor?**

**How do you correct your dog when s/he misbehaves?**

**How do you reward you dog when s/he has done well?**

**YOUR DOG’S TEMPERAMENT AND PERSONALITY**

**How would you describe your dog’s personality?**

**When faced with a new situation how is your dog likely to react if on the lead?**

# Does the behaviour change if on a lead as opposed to being free?

**Does your dog have any known fears or things it dislikes?**

**Reaction *when out* to: Strangers**

|  |  |
| --- | --- |
| **Stranger** | **reaction** |
| Male person |       |
| Female person |       |
| Children |       |
| Unknown dogs |       |
| Known dogs |       |

Other animals:

Crowds/busy area:

**Please list below and rank the five edible things your dog is most fond of (rank 1st favourite)**

1.
2.
3.
4.
5.

**Please list below and rank the five toys, items or activities your dog is most fond of (rank 1st favourite)**

1.
2.
3.
4.
5.

**Has your dog ever bitten or attacked anyone?**

**Please provide further details.**

YOUR DOG’S ROUTINE:

Describe a typical 24 hours in the life of the pet

**Does your pet ever wake you at night? If yes, how often and why?**

# Do you walk your dog, if so how often and for how long?

#

**Does your dog pull on the lead?**

# How much time does your dog get to run free each day?

#

# Typically how long is your dog alone without people on any given day?

# Who initiates play time, you or the dog?

# What types of toys does your pet play with?

What is your dog’s favourite pastime?

What is your dog’s least favourite pastime?

**YOUR DOG’S DIET**

**Feed type:**

**Amount:**

**Time of day:**

**Appetite:**

**Fed by whom:**

**Is your dog protective of food?**

**Please list any supplements, treats or titbits which your dog receives:**

**How much does your dog drink each day?**

**YOUR DOG’S SOCIAL BEHAVIOUR**

**Has your dog ever shown aggressive behaviour (growling, snarling, snapping or biting) to any member of the household? If so, please give details.**

**Does your dog treat all members of the household in the same? Please give details of any differences.**

**How does your dog react when visitors come to the house? (barking, door charging, etc)**

# What is your dog’s response to familiar or regular visitors?

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Purpose** | **Time & Days** | **Dog’s Reaction** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**In general, how does your dog respond to the following types of people visiting your home:**

|  |  |
| --- | --- |
| **Visitor** | **Reaction** |
| Unknown males |       |
| Unknown females |       |
| Unknown children |       |
| Unknown dogs |       |
| Other pets |       |

Is there any particular group of people that your dog responds to in a specific way? If yes please provide details.

**Is your pet ever protective over parts of his/her body (especially ears & feet)?**

# If yes, please state where and when.

**Is there any sort of aggression in the following circumstances? (growling, snarling (showing teeth), lunging, nipping, biting). Please fill in the chart on this page**

**(Y =Yes, N =No, ? = Don’t Know. If yes, indicate what level from the list above)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Adult Females** | **Adult Males** | **Children** | **Any Specific Individual** |
| **When handling/grooming** |       |       |       |       |
| **If disturbed when resting** |       |       |       |       |
| **If disciplined** |       |       |       |       |
| **When walking on lead** |       |       |       |       |
| **If trying to take food away** |       |       |       |       |
| **When petting or hugging** |       |       |       |       |
| **If taking any other objects from him/her** |       |       |       |       |

**Does your dog ever show aggression when examined by the vet?**

**Does your pet ever show inappropriate mounting or other sexual activity?**

**If so, to whom or what?**

**THE** **CURRENT PROBLEM**

**When did it begin?**

**How long has it been present?**

**How old was the pet when it began?**

**Where does it occur?**

**With whom?**

**How frequently does the problem occur? (times per day, per week, per month or per year)**

Please describe the first incidence of the behaviour that you can recall, the most recent and one other which you remember, i.e. 3 incidents in total.

**First incident:**

**Most recent incident:**

**Another incident:**

**What has been done to correct the problem? Please indicate whether each measure has helped, made no difference or made matters worse**

**Is the problem getting**

[ ]  Better [ ]  Worse [ ]  No change

**Do you suspect any cause?**

Other details of the main complaint:

**Any other behavioural problems?**

**What are the feelings of *each* family member about your pet’s present behaviour?**

**In an ideal world what would you hope to achieve with your dog?**

**What are the essential changes you need to be able to continue to live with your dog?**

**Under what circumstances would you consider euthanasia?**

Please give any other information you think relevant to the case:

FOR ALL CASES INVOLVING AGGRESSIVE BEHAVIOUR.

**Describe the most recent incident and the setting in which it occurred. Try to be as precise as possible, imagine you are drawing a picture.**

Where was your dog?

Where was everyone in relation to your dog?

What was everyone doing before the incident?

What did your dog do exactly and what did he look like just before and after the event?

**Are you aware of a trigger for the behaviour or for similar behaviour in the past?**

**Were you aware of any warning signs before the incident?**

**What was your immediate reaction?**

**What was the reaction of the victim?**

**How did your dog respond to this reaction?**

**If there was a bite wound, where was it located on the body and what kind of a wound was it (puncture wound, tear, blue spot, etc)?**

**Thank you for taking the time to complete this form.**

Please return the completed form, **together with a completed veterinary referral form and medical history**, to: info@thelondonvet.com

Or alternatively post to:

The London Vet Behaviour Clinic,

67 Pages Walk,

London,

SE1 4HD

Once received we will contact you to arrange a convenient appointment.

#### Please refer to our website (www.thelondonvet.com) for further information.