

HISTORY

Where did you get your animal (breeder, pet shop, shelter, friend, etc.)?	
How long have you had him/her?	
What do you particularly like/love about your animal?	
What is your animal's daily routine?	
Problem description:	
When did it start?	
What circumstances/conditions existed when the problem started?	
What have you attempted to resolve the problem?	
Please check all that apply	
Personality	
Afraid of strangers	Afraid of other animals
Eager to please	Nervous
Friendly	Temperamental
Lethargic	Shy
Aloof	Other
Behavior	
Barking	Jumping up
Biting	Pulling on leash
Chewing	Running away
Digging	Sub. urination
Licking	Growling
Scratching	Hissing
Grooming	Other

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Please check all that apply

Aggression

To dogs

To cats

To people

Description (circumstances and behavior)

Fears

Loud noise

New environment

Thunder storms

Slippery surfaces

Veterinarian

Nail clipping

Other

Fear Response Please be as specific as possible about observed behaviors and the reactions of the animal.

Health

Aging

Car sickness

Arthritis

Stress

Dysplasia

Illness

Surgery

Other

Vaccination history

Medications/Supplements

Will you commit to at least three sessions?

Signature (person)

Signature (practitioner)