**Dog Behavior**

**Questionnaire:**

Please answer these questions as truthfully as possible and in as much detail as possible.

Owners:

Description of house:

People in household:

Other animals in household:

Has anything changed in the household since or before the development of the problematic behaviour (death, sickness, divorce)?:

Dog 1

Name:

Gender (castrated / spayed):

Age:

Breed:

Age when obtained:

Time living in the household:

Diet:

Medications:

Supplements:

Exercise:

Medical problems:

History:

Dog 2

Name:

Gender (castrated / spayed):

Age:

Breed:

Age when obtained:

Time living in the household:

Diet:

Medications:

Supplements:

Exercise:

Medical problems:

History:

Other pets

Name:

Gender (castrated / spayed):

Age:

Breed:

Age when obtained:

Time living in the household:

Diet:

Medications:

Supplements:

Exercise:

Medical problems:

Problem behaviour:

Describe the main problem:

Any secondary issues:

How long has the problem been occurring?:

How frequent are the incidents?:

How severe are the incidents?:

Detailed description of each incident:

I accept that Paws, Claws & Wings and its employees will not be held responsible for any loss, damage or injury that may be incurred on the premises from any cause whatsoever. Please note all patients must be dewormed and be up to date on all vaccinations. All appointments not cancelled 24 hours prior will be charged for.

I grant my authorization and consent to physical rehabilitation or behavioural treatment and procedures, and certify that no guarantee or assurance has been made as to the results which may be obtained. For the care and treatment provided to this patient, I promise to pay all charges for services rendered to the patient. I understand that any prices quoted to me prior to treatment are only an estimate. Exact costs can only be determined after assessment by the therapist. I authorize Paws, Claws & Wings to obtain any records pertaining to the patient from the veterinarians who have treated the patient.