



Behavioural Assessment Information

All information contained will not be viewed by third parties. The information will only be viewed by personnel of DBDT. The information will be held on file for 3 years.

CLIENTS DETAILS:

Full Name: _____

Address: _____

Tel no: _____ Email: _____

DOGS DETAILS:

Name _____

Breed _____

DOB _____

Age _____

Gender: Male Female

Neutered/Spayed: Yes/No

Dogs primary care giver _____

Have you had your dog from a Puppy : Yes/No If yes , age of puppy when you brought it home? _____

How long have you had your dog? _____

Is your dog a rescue? Yes/No if yes any history?

Any other pets in the household? _____

MEDICAL INFORMATION

Date of last veterinary visit and reason: _____

Medical History (if applicable)

Any current medication? _____

DOGS BEHAVIOUR

Description of dogs problematic behaviour/s

Any other behaviour history?

What are your goals with regards to modifying your dog's behaviour?

ADDITIONAL INFORMATION

What is your dog fed?

Feeding times? _____

Dogs sleeping place? _____

Describe your dog's relationship with other household members

Any other relevant information ?