

# Sacramento SPCA Private Consultation

Consult date: \_\_\_\_\_ Time: \_\_\_\_\_  
Consultant: \_\_\_\_\_ Scheduled by: \_\_\_\_\_

## OWNER INFORMATION

(Please print clearly)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
How were you referred to us? \_\_\_\_\_

## ANIMAL INFORMATION

Name(s): \_\_\_\_\_ Breed type(s): \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered:  Yes  No If altered, at what age? \_\_\_\_\_  
Where did you get the pet? \_\_\_\_\_ If you adopted from the SSPCA, please provide the case number: \_\_\_\_\_  
Is this your first pet? Yes / No \_\_\_\_\_ How long have you had the pet? \_\_\_\_\_  
Pet's age when you got him/her: \_\_\_\_\_  
Number of people in your household: \_\_\_\_\_ Children: \_\_\_\_\_  
Other pets—Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other (list type): \_\_\_\_\_  
Veterinarian: \_\_\_\_\_  
List medications your pet is taking: \_\_\_\_\_  
How often do you feed your pet?  Once a day  Twice a day  Free feeding  
Canned/dry? What brand(s)? \_\_\_\_\_

### Reason for consultation: (Check any that apply)

Evaluation  Handling  Aggression: People:  Adults  Children

(Check all that apply)

Animals:  Dogs  Cats

In the home:  Dog / cat to dog / cat

(Please circle)

Please describe your pet's behavior issue(s), going into as much detail as you wish.  
Attach extra paper if needed.

<b>When was the behavior first noted?</b>
<b>What has been done to correct the behavior(s)?</b> (For example, training, confinement, discipline, etc.)
<b>What was the pet's response to these corrective measures?</b>
<b>Does your pet have any physical problems? Please describe them.</b>
<b>Where does your pet sleep?</b>
<b>Does your pet follow you from place to place in your home?</b>
<b>For dogs, has your dog been to dog parks, or played or spent time with groups of three or more dogs? If so, when and how often?</b> <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Once or twice <input type="checkbox"/> Never
<b>Has your dog taken a training class before? Seen a trainer or behaviorist?</b>
<b>What will your dog do on command? How many times do you typically say the command or give your dog the cue before he or she complies?</b>
<b>What makes your dog bark?</b>
<b>Is your dog afraid of anything? If so, what?</b>
<b>Is your dog overprotective of any of the following?</b> <input type="checkbox"/> Food <input type="checkbox"/> Toys <input type="checkbox"/> Property <input type="checkbox"/> You or another person <input type="checkbox"/> Other
<b>Has your dog ever been attacked?</b> <b>If so, at what age?</b>
<b>List three or more activities that your dog likes/loves:</b>
<b>List three or more foods that your dog likes/loves:</b>

