

# Private Behaviour Consultation

## Registration & Dog Profile

If filling out this form in Word, please use the TAB key to move to the next field.

Use the space bar to select check boxes.



To request a private behaviour consultation with one of our behaviour counselors, please complete this form. Your honesty and willingness to answer these questions in detail will ensure we make the most of our time together. Be sure to indicate your preference for time and day of the week (no evenings or weekend appointments are available at this time). Once completed, return this form with payment to:

Behaviour Department, Calgary Humane Society  
 4455 110 Avenue SE, Calgary AB T2C 2T7  
 Phone: 403-723-6019  
 Email: [training@calgaryhumane.ca](mailto:training@calgaryhumane.ca)

What is your availability?	
Day	Time
<input type="checkbox"/> Mon	<input type="checkbox"/> 9 - noon
<input type="checkbox"/> Tues	<input type="checkbox"/> noon – 5 p.m.
<input type="checkbox"/> Wed	
<input type="checkbox"/> Thurs	Specify:
<input type="checkbox"/> Fri	

We will contact you to make an appointment for a private consultation.

<b>A. Owner Information</b>			
Owner's Name:			
Address:			
Postal Code:			
Phone:	(h) _____	(w) _____	(c) _____
E-mail Address:			
Name one <u>adult (18 years or older)</u> who will work with the dog during the session:			
<b>B. Dog Information</b>			
Dog's Name:			
Breed:			
Age:			
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Spayed / Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Major issue you hope to address in this session:			
Adopted at CHS?	<input type="checkbox"/> Yes Contract #, if adopted: _____ <input type="checkbox"/> No		
CHS Membership?	<input type="checkbox"/> Yes Membership #: _____ <input type="checkbox"/> No		
Is this your first dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Where did you hear about the classes offered at Calgary Humane Society?	<input type="checkbox"/> yellow pages	<input type="checkbox"/> website	<input type="checkbox"/> PetGear store <input type="checkbox"/> adoptions
	<input type="checkbox"/> newsletter	<input type="checkbox"/> friend	<input type="checkbox"/> vet clinic
	<input type="checkbox"/> other (specify): _____		
Opt in to receive information about upcoming events at Calgary Humane Society!			<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card Number:	<i>Do not e-mail your credit card information!</i> Once you have submitted this form, call 403-723-6019 to make a payment.		

Office Use (adoption staff please fill out upon entry):

Entered by: \_\_\_\_\_ (initials)

Date: \_\_\_\_\_

Payment entered under \_\_\_\_\_ Single, 1-hour consultation member/adopted/rescue \$100  
 \_\_\_\_\_ Single, 1-hour consultation non-member \$125  
 \_\_\_\_\_ Bundle, four 1-hour sessions \$375  
 \_\_\_\_\_ + additional sessions (\_\_\_\_x \$90 each)

(please continue to next page)

<b>C. Background – complete this section only if you did not adopt your dog from Calgary Humane Society</b>			
Where did you get your dog?			
If known background, why was the dog given up?			
What age was your dog when you adopted it?			
How long have you had the dog?			
Have you had any previous dog experience? Explain.			
Why did you choose this particular breed?			
Why did you choose this particular dog?			
<b>D. Physical and Medical Issues</b>			
Who is your veterinarian?			
Is the dog current on his/her vaccinations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When was the dog's last veterinary exam?	
Does the dog have any known medical problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	
Is the dog on any type of medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify and explain why:	
Does the dog have any food allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, elaborate:	
Has your dog experienced any of the following conditions?	<input type="checkbox"/> deafness <input type="checkbox"/> ear infections <input type="checkbox"/> allergies <input type="checkbox"/> seizures <input type="checkbox"/> thyroid disease <input type="checkbox"/> heart disease If yes to any of the above, please specify:		
What is your dog's reaction to the vet?			
<b>E. Consultation Objectives</b>			
What would you most like to change about your dog's behaviour? Name at least three things in order of importance.	1. 2. 3.		
Is the dog...	<input type="checkbox"/> housebroken?	<input type="checkbox"/> crate trained?	
What type of exercise does the dog receive?		How often?	
Describe a typical day in the life of your dog.	Morning: Afternoon: Evening: Night:		
Dog's favourite activity:			
Dog's <i>least</i> favourite activity:			

<b>F. Feeding, Treats and Chew Items</b>			
What type of food is the dog being fed?			
How many times a day is the dog fed?		If on a schedule, at what hours?	
Does the dog eat right away and finish the entire meal?			
Where is the dog fed?		Who is nearby when he/she eats?	
Who feeds the dog?			
Does the dog get "people food" and if so at what location?			
What types of treats, cookies or chew items does the dog get?		How often?	
What is the dog's favourite treat?			
Name two more treats that he/she enjoys.			
<b>G. Training &amp; People Interaction</b>			
Has the dog had any previous training? <input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, describe who did the training, training methods, familiar cues, etc.)		
Does your dog respond to his/her name when called?	<input type="checkbox"/> always	<input type="checkbox"/> sometimes	<input type="checkbox"/> never
What tricks does the dog know?			
How does the dog respond to your direction?			
Describe how you reprimand, correct or punish your dog for unwanted behaviour.			
Give an example of the circumstances under which you might administer this reprimand/punishment.			
Describe how you reward your dog for good behaviour.			
What type of collar does your dog wear?			
Who lives in your dog's household? (i.e. other pets, children, etc.)			
Can family members handle the dog physically...	<input type="checkbox"/> on leash? <input type="checkbox"/> trim nails? <input type="checkbox"/> bathe? <input type="checkbox"/> brush/groom? <input type="checkbox"/> off leash?  Please elaborate:		
Who will be responsible for training the dog?			

How does your dog react to strangers?	<input type="checkbox"/> happy, wagging tail <input type="checkbox"/> ears up, body stiff, hackles up <input type="checkbox"/> jumping  Please elaborate:	<input type="checkbox"/> ears back, tail tucked <input type="checkbox"/> barking
Does your dog urinate when approached by people?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How does your dog react to stressful situations? (e.g., with strangers, when left alone, when confined)	<input type="checkbox"/> wildly active <input type="checkbox"/> active <input type="checkbox"/> poised, assured <input type="checkbox"/> reserved <input type="checkbox"/> withdrawn	
Who administers "punishment" and how?		
<b>H. Logistics</b>		
Where does the dog sleep?		
Is the dog allowed on the furniture?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Where, when, and how often does the dog eliminate?		
Where is the dog kept when no one is home?		
For what period of time, on average, is the dog left alone?		
What percentage of time does the dog spend indoors vs. out?		
<b>I. Dog-to-dog Interaction &amp; Aggression</b>		
How does your dog react to other dogs? Please describe with as much detail as possible.		
Has your dog ever caused injury to another dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the other dog require vet care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did your dog require vet care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your dog ever displayed aggression or made you feel uncomfortable about what he might do?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what levels of aggression have you experienced with your dog? <input type="checkbox"/> excessive barking <input type="checkbox"/> lunging <input type="checkbox"/> growling or snarling <input type="checkbox"/> fixated staring <input type="checkbox"/> snap & miss <input type="checkbox"/> snaps, hits, and lets go (causes bruising or scrapes) <input type="checkbox"/> single bite (1-4 punctures) <input type="checkbox"/> bite, grab, and shake or bite, bite, bite (causes injury) <input type="checkbox"/> mutilation <input type="checkbox"/> death How often has each of the above occurred?	
Has your dog ever bitten a person or other animal?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please elaborate:	

<b>J. Behaviour Session Specifics</b>			
Describe the most troublesome behaviour:			
How often does the behaviour occur?			
When was the most recent incident?			
Under what specific circumstances does the behaviour occur? (i.e., specify time of day, location, before/after mealtime or playtime, etc...)			
Who is present when the behaviour occurs?			
When did the behaviour first manifest?			
Were there any changes in the household at the time you first noticed the behaviour?			
Has the frequency or intensity of the behaviour...	<input type="checkbox"/> increased? <input type="checkbox"/> decreased? <input type="checkbox"/> remained the same?		
What would you like the dog to do instead?			
What have you tried to alleviate this behaviour?			
What prompted you to seek help at this time?			
How much time and effort are you willing to spend on this issue?		Are other members of the household willing to cooperate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you considered the following options should these issues not be solvable?	<input type="checkbox"/> re-homing the dog with a friend, co-worker or relative <input type="checkbox"/> returning the dog to the breeder <input type="checkbox"/> surrendering the dog to the CHS <input type="checkbox"/> euthanasia		
Is there anything else you'd like to share about your dog and his behaviour?			

**I have read and agree to the following terms.**

- Private consultations are by appointment only. No walk-ins, please.
- Sessions take place at the Calgary Humane Society: 4455 - 110 Ave SE
- Payment must be made in advance of the appointment by Visa, MasterCard, debit, cash or cheque.
- Fees are non-refundable.
- In the event that a client is unable to keep an appointment, we require advance notice of two business days. CHS is happy to reschedule at the client's request. Call 403-723-6019 if you are going to be late/need to reschedule.
- Failure to keep an appointment without two business days advance notice may constitute forfeiture of fees rendered.

Thank you.