

## Canine Pre-Consult Information

Your Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Ref. by: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Age/Sex: \_\_\_\_\_

Spay/Neut.? \_\_\_\_\_

Other Pets in Household: \_\_\_\_\_

Other People in Household: \_\_\_\_\_

Occupation/Time spent outside home: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Medical Problems/meds/allergies: \_\_\_\_\_

Brand of Food: \_\_\_\_\_

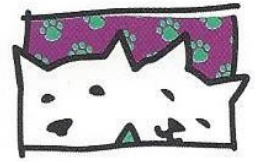
How many times per day? \_\_\_\_\_

What times is dog fed? \_\_\_\_\_

Eat right away/finish meals? \_\_\_\_\_

Other treats/snacks & how often: \_\_\_\_\_

Amelia Wieber  
CCBC, CPDT-KA  
[Amelia@CaringBehavior.com](mailto:Amelia@CaringBehavior.com)  
(720)612-7361  
[www.CaringBehavior.com](http://www.CaringBehavior.com)



Where was dog obtained/How long ago: \_\_\_\_\_

Potty Trained? \_\_\_\_\_ Crate trained? \_\_\_\_\_

Where does dog sleep? \_\_\_\_\_

% time indoor/outdoor? \_\_\_\_\_

Where kept when owner gone? \_\_\_\_\_

Any previous training? Behaviors dog knows/training methods used/trainer:

\_\_\_\_\_  
\_\_\_\_\_

Exercise Type/Frequency: \_\_\_\_\_

Equipment used on walks: \_\_\_\_\_

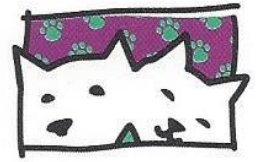
Has dog ever bitten or injured a person or animal? \_\_\_\_\_ (If yes, please describe)

Reason for Consultation:

What have you tried, if anything, to fix this problem?

The training methods of Caring Behavior are practiced, gentle, and force free. Your pet's safety and well-being, as well as your own, are top priority. However, the behavior of animals,

Amelia Wieber  
CCBC, CPDT-KA  
[Amelia@CaringBehavior.com](mailto:Amelia@CaringBehavior.com)  
(720)612-7361  
[www.CaringBehavior.com](http://www.CaringBehavior.com)



children, and adults can be sudden, unexpected, and unpreventable. By signing below, I acknowledge that my pet's behavior is not stagnant and unpredictable aggressive responses to stimuli are possible. In the case of an unforeseen event, I release Amelia Wieber and Caring Behavior, LLC. of all liability and financial responsibility in the case of injury, illness, or damage to myself, my pet, public or personal property, another human, or another animal. Services will be declined if signature is not present.

Client Name:

Client Signature:

Date: