

Companion Animal Behaviour Referrals

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**CERTIFIED CLINICAL ANIMAL BEHAVIOURIST AND
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CANINE TRAINING HISTORY FORM

Date (of initial session):

NAME:

ADDRESS:

.....POSTCODE:

PHONE NUMBER: - Daytime: Evenings:

FAMILY MEMBERS (those living with pet):

Name	Male / Female	If child – age	Involvement with pet

PET'S NAME: BREED:

AGE: YEARS MONTHS SEX: M / F
 NEUTERED: YES / NO

If your pet has been neutered, please give the reason for this, for example, routine/suggested by vet/medical reason.

WHERE DID YOU ACQUIRE YOUR PET FROM (circle where required):

BREEDER / RESCUE OR STRAY KENNELS CENTRE / FAMILY / PET SHOP / FARM / OTHER

AGE ACQUIRED:

DETAILS OF YOUR PET'S EARLY EXPERIENCES: (before 16 weeks of age) include people, other animals, situations, environments, etc?

OTHER PETS WITHIN HOUSEHOLD:

Pets Name	Species (e.g. dog or cat)	Breed	Age	Sex	Neutered	Age Acquired

VETERINARY SURGEON & PRACTICE:

PRESENTING PROBLEM(S):

PROBLEM FIRST NOTICED:

WHY HAVE YOU MADE CONTACT NOW?

WHAT IF ANY PREVIOUS HELP / ADVICE HAS BEEN SOUGHT AND FROM WHERE?

WHAT WAS THE OUTCOME OF TRYING THIS TECHNIQUE?

HOW DO YOU REPRIMAND YOUR PET?

WHAT WOULD YOU LIKE TO ACHIEVE FROM TODAY'S CONSULTATION / SESSION?