



# Training Consult Form

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

Name of Dog \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_

Spayed/Neutered \_\_\_\_\_ DOB \_\_\_\_\_

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The reason for today's consult:

Where did you get your dog from (e.g. breeder, friend, rescue, etc.)?

How long have you had your dog? \_\_\_\_\_

Has your dog received any training elsewhere? If yes please explain:

Has your dog exhibited any major behavioral changes recently?

Is there any other information we should be aware of?



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## EMPLOYEE USE ONLY

**How did the dog greet new people?**

Shy    Cautious    Excited    Tail Tucked    Tail Up    Friendly    Reserved

Notes: \_\_\_\_\_

**Can you physically touch the dog? (collar, ears, flank, etc.) Yes/No**

Explain anything you can't touch: \_\_\_\_\_

**How else did the dog respond to the new environment and people?**

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**Are there any behavioral concerns that should be addressed with the veterinary staff? Yes/No**

Explain: \_\_\_\_\_

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**What are the training recommendations?**

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**What is the owner's response?**

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