



# Okaw Veterinary Clinic



140 W. Sale  
(217) 253-3221

Tuscola, IL 61953  
okawvetstaff@mchsi.com

## Canine Behavior Consult

Owner Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License number: \_\_\_\_\_

Person to reach in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Vet Clinic: \_\_\_\_\_

Referred by: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Age of pet: \_\_\_\_\_ Color: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Presenting Complaint: \_\_\_\_\_

Secondary Complaint: \_\_\_\_\_

How long has 1<sup>st</sup> complaint been going on? \_\_\_\_\_

How long has 2<sup>nd</sup> complaint been going on? \_\_\_\_\_

Age of dog when got him/her: \_\_\_\_\_

Where did you get your dog \_\_\_\_\_

Has your dog had any homes before yours? \_\_\_\_\_ If yes, How many? \_\_\_\_\_

Number of people in your home? (include adults & children) \_\_\_\_\_

Please list relation & ages of **all** family members living in home: \_\_\_\_\_

\_\_\_\_\_

Have there been any changes in the number of people living in home (ie new baby, child off to college, etc): \_\_\_\_\_

\_\_\_\_\_

Please list any other pets you have, including type of pet, age of pet & how long you have had pet: \_\_\_\_\_

\_\_\_\_\_

How long is dog home alone: \_\_\_\_\_

Where is dog during this time? (ie. a kennel/crate, a certain room, loose in house, etc.): \_\_\_\_\_

Is your dog regularly exercised by walking, in fenced yard, tied out, off leash, etc? \_\_\_\_\_

How often is your dog regularly exercised and for how long? \_\_\_\_\_

Have there been any changes to your usual exercise, play, time spent, etc with your dog? If yes, for how long & why? \_\_\_\_\_

Is your dog showing any signs he/she might be uncomfortable, such as: shaking head, walks/moves differently, avoids or doesn't jump on things like done in past, holding head and/or tail differently? If yes, please list what pet has been doing and for how long.

Has your dog suffered any trauma in the past, such as hit by a car, hit by baseball, fell off of anything, etc? If yes, please list what happened and when it happened.

Which family member is the primary caregiver for pet? \_\_\_\_\_

What food do you feed your pet? Please list brand name of food(s) and how much is given per day. \_\_\_\_\_

Is your dog fed by meals or food left out all the time? If fed by meals, how many meals a day? \_\_\_\_\_

Do you or ANY family member give people food (ie popcorn, anything from table, ice cream, etc) to your pet? If yes, please be specific with how much, how often, by who, etc, We will not be upset at what you feed, the information just really helps us a lot.

Is your dog completely house trained? \_\_\_\_\_ Reliable? \_\_\_\_\_

Where does your dog sleep? (in kennel, pet bed, in bed with you, etc, ) Please be specific \_\_\_\_\_

Where does your dog spend most of his/her time? In house? Where in house? Outside? Where outside? Again, please be very specific.

Has your dog ever chased any small animals (squirrels, rabbits, cats, etc)? If yes, what and for how long he/she has done it. \_\_\_\_\_

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Have you taught your dog any "tricks"? (sit, stay, come, etc) \_\_\_\_\_

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Has your dog ever grabbed at anyone's clothing (ie. pantleg, shirtsleeve, etc) If yes describe exactly what happened. \_\_\_\_\_

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Has your dog grabbed at people's arms, legs, etc? Ever broke skin while do so? Please be as specific and descriptive of the situation as you can. \_\_\_\_\_

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Does your dog bark? If yes, at what and or who, etc., for how long. Do you consider the amount of barking to be "normal" or too much? \_\_\_\_\_

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Has your dog ever avoided contact with anyone or other pets? (ie gone under furniture, left the room, moved away from them, hidden behind a family member, etc.) Again, please be very specific. \_\_\_\_\_

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Is anyone more affected than others? If yes, who? Please describe as best you can. \_\_\_\_\_

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Any household member not affected? If yes, who? \_\_\_\_\_

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Please describe an example of what your dog is doing. Include what is going on around the dog before, during & after incident. Be as detailed as you can be. \_\_\_\_\_

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What is your expected/desired outcome for you & your pet? Anything else you'd like to add as what is going on with your dog?

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I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required.

**Signature of Owner/agent** \_\_\_\_\_

**\* A \$5 MINIMUM OR A 2% MONTHLY CHARGE IS ADDED TO ALL BALANCES.\***

We require a \$60 deposit to be made when you schedule your appointment. The deposit is non-refundable if appointment is cancelled with less than **72 hours** notice.