

DCVS Equine Behaviour consult history form

Client details

Name

Home Address

Contact phone number

Email address

How long have you been riding horses

What discipline do you do with your horses (jumping, rodeo, trail ride etc.)

Horses details

Name

Breed

Age

Color

Sex

How long have you owned this horse?

Explain in detail the issues you are having with this horse?

What things have you or anyone else tried to remediate this issue?

Has your veterinarian examined this horse and if yes what were the findings?

Describe a day in the life of your horse (when and what does he eat, where is he housed, is he kept alone or with companions, how big is the turnout, how often is he ridden and what type of riding).

Are you afraid of this horse?

Additional problems or comments

DCVS Canine Behaviour Consult history form

Client details

Name

Home address

Contact phone number

Email address

Canine Details

Name

Age

Breed

Color

Sex

How long have you owned this dog?

Have you owned dogs prior to this one?

Has your dog had any training and what method was used? Coercive (choke chain) or positive (food rewards)?

Explain in detail the issues you are having with this dog.

What have you or anyone else tried to remediate this issue?

How does your dog behave with other dogs?

Has your veterinarian examined this dog recently and if so what were the findings?

How does your dog behave at the veterinary hospital?

Are you able to trim your dog's nails?

Describe a day in the life of your dog (what does he eat, where does he sleep, are there any other pets, do you work all day, how often does your dog go for a walk and for how long).

Are you or anyone in your household afraid of this dog?

Additional problems or comments