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### General Information

**\*Note: Questionnaires without name, address and phone numbers will be RETURNED and your appointment will be cancelled.** This information is required.

Client's (Human's) Name(s):

Mailing Address (**including zip code**):

Nearest Major Cross Streets:

Name of Apartment Complex or Housing Development if Applicable:

Email Address:

How do you prefer to be contacted? Circle all that apply:

Home phone # \_\_\_\_\_ cell phone # \_\_\_\_\_ text # \_\_\_\_\_ email (see above)  
Who referred you to us?

Animal's Name(s)

Breed:

Birthday/Age

Sex: Is your animal neutered?

Regular Veterinary Clinic/Hospital:

Preferred Appointment time(s). Please check preferences

Weekdays \_\_\_\_ Mornings \_\_\_\_ Afternoons \_\_\_\_ Evenings \_\_\_\_  
Weekends \_\_\_\_ Saturday \_\_\_\_ Sunday \_\_\_\_

#### Policy Statement

**CANCELLATION POLICY-**We require **24 hours' notice** to cancel any consultation/training session. **Appointments cancelled without 24 hours (prior to appointment time) will be charged full price for the scheduled session.** Once an appointment is cancelled, it can NOT be reinstated, if you change your mind. As soon as a cancellation is received, appropriate staff members are notified and that time slot is offered to other clients. **Be considerate of others and think carefully before cancelling your appointment.**

**RESCHEDULING POLICY-**We understand that life sometime changes and will accommodate requests to reschedule appointments with **at least 24 hours notice. Appointments will be only be rescheduled for free once!** Multiple requests to reschedule an appointment will result in a \$10 reschedule fee.

**PAYMENT POLICY-**Payment is required at time of service, or at time of registration for classes. Cash, Personal Check, Master Card, Visa and Discover are accepted. **Returned checks will be charged a \$25 fee..**

**REFUND POLICY-****No refunds will be given.** An account credit **may** be issued for unused or partially used retail items or pre-paid services at the discretion of Canine Behavior Counseling..

**CONFIDENTIALITY POLICY-**Canine Behavior Counseling respects and protects the confidentiality of our clients. We do not share names, addresses or any other information about our clients with anyone else without your express permission. **CBC does submit a copy of all behavior consultation reports to your veterinarian, as part of our service.**

**COURTESY POLICY-** We pride ourselves on our ethical and professional conduct. We do not discriminate based on race, religion, sexual orientation or for any other reason. Our services are open to all. **Disrespectful, racist, sexist or inappropriate behavior will not be tolerated from representatives or clients. WE RESERVE THE RIGHT TO REFUSE OR TERMINATE SERVICE to anyone who violates this or any of our stated policies.**

**By completing and returning this questionnaire, you state that you have read and agree to the above policies.**

## **General Behavioral Questionnaire**

**Please give as many details as possible**, even if you do not think that those details are important. The more information that you provide, the easier it will be for us to help you and your pet live a happier life. Please state actions you have observed and do not make judgments regarding why these behaviors occurred.

What specific behavior is your pet exhibiting that concerns you?

Exactly when do these behaviors occur? Please detail what time of day or under what circumstances the behavior occurs?

Does the behavior occur when certain people or other animals are present? If yes, whom, or give description of people/animals (i.e. only men in uniform, only around larger dogs, etc...)

When did you first notice this behavior?

## **General Behavioral Questionnaire**

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What prompted you to seek assistance with this behavior at this time?

Please detail ALL actions that you have taken to correct this behavior.

Do you have any strong feelings for or against any specific training methods? Please explain

How much time/effort are you willing to invest to modify this behavior?

What are your expectations from training/behavior counseling?

### **General Behavioral Questionnaire/Family/Environmental History**

When/where was your animal acquired?

What do you know about your pet's life prior to living with you?

Current medications/treatments. **Include all vitamins/herbal and alternative therapies.** Please include amount given and when

Type/Brand of food eaten

Main meat Ingredient

Amount of protein

How often is your animal fed?

How much at each feeding?

How many people live in your home? Please list names and ages of anyone under the age of 20.

Do any other animals in the household exhibit any of the same behavior, or other behavior that is of concern to you?

Is there any other information that you think may be helpful to us?