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## Behavior Consultation Registration and History

Owner's Name:	Dog's Name:
Address:	Breed/Type:
	Dog's Age & Gender:
E-Mail:	<input type="checkbox"/> Cell <input type="checkbox"/> Land Line Phone:
How did you hear about HAS?	

I understand that payment is due at the time of the session. Rates are:

- \$125 for up to 1½ hours spent with me in initial assessment
- \$80/hour for Ann's time spent with me subsequently in training
- If Ann comes to me, I will be charged \$1/minute for Ann's travel time to my location and from my location back to her practice

I agree to make payment by cash or check. If I need electronic payment, I agree to pay a \$5 convenience fee. Cancellations without a minimum of 24 hours' notice will be billed the session fee. I agree to provide a credit or debit card number to hold my session(s) and for billing as needed.

I indemnify and hold Human-Animal Solutions, PLLC, instructor(s), and assistant(s), harmless from and against all claims, losses, liabilities, and damage to persons or property, governmental charges or fines, and attorneys' fees arising out of the acts or omissions of dog training lessons or behavior consultation including but not limited to interactions with instructor, assistants, students, or animals, or demonstrations involving my dog.

Signature: \_\_\_\_\_

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

*To help Ann provide sessions that meet your needs, please answer the questions on the following pages. If we are focusing on more than one dog, please answer about all dogs.*

Describe the problem as you see it in your own words:

What happened to cause you to contact me?

What changes have occurred in your life and home in the past year?

How long have you had this dog?

Why did you get this dog?

Number of episodes of the problem behavior:

Breaks in house training:

Anxiety or Fearfulness:

Aggression:

Bites:                      Against people:                      Animals:                      # that broke skin:

Other (please describe):

Number of bites reported and to whom:

Was legal action taken against you (or a prior owner)?

Frequency of occurrence:  Daily     Weekly     Monthly

Percent of time dog is in the situation/environment in which the behavior occurs:

Less than 25%     25-50%     51-75%     76-100%

Has the frequency or intensity of the behavior changed since the problem started?    Yes / No  
If so, how and when?

Chronological development of the problem:

Corrections you have tried:

Age of dog when s/he first showed signs of this problem:

Other pets in household:

How does your dog interact with other pets in your household?

People in your household:

How does your dog interact with other people in your household?

How does your dog react to unknown people?

Where does your dog stay when you are not home?

How does your dog behave when you are not home?

How does your dog react to unknown dogs?

How does your dog behave in a veterinary office in general?

How does your dog behave while being examined by the veterinarian or assistant?

How does your dog behave while in a boarding kennel?

How does your dog behave while at the groomer?

What physical limitations or issues does your dog have?

What are your goals? How will you know this consultation is successful?