CANINE BEHAVIOR PROGRESS-REPORT FORM

About Dogs LLC

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**Instructions**

Please complete the form and email it back to Dr. Ward at least 3 days in advance of your follow-up appointment. Remember not to feed your dog a full meal for at least 6 hours prior to your appointment.

**General Information**

Today’s Date:      

Your Name:

Your Dog’s Name:

**Follow-Up Questionnaire**

On a scale of 1-10, how would you rate your dog today in terms of his/her overall behavior (1=worst (s)he has ever been, 10=best (s) has ever been)?

What behavior(s) have improved?

What behavior(s) are the same or worse?

Have you been consistent in following the behavior and /or environmental modification recommendation(s) as prescribed?

What specific recommendations are you following?

What specific recommendations are you not following and why?

Any new behavior and/or training problem(s)? Please describe:

What do you want to accomplish at the follow-up behavior consultation?

Has your dog had any medical problems(s)? Please describe: