

Behavioral History Questionnaire -- Tellington TTouch™

Please answer in as much detail as possible. All of your answers are confidential. Return as soon as possible to e-mail kk9@sbcglobal.net. Thank you! Questions: Phone 262-569-1050.

1. Your Name _____
2. Your Animal's Name _____
3. Color _____ Age _____ Gender _____
4. Breed _____
5. Spayed or neutered? _____ At what age? _____
6. Vaccination or Titer Dates (if titer, please provide level):
 - a. Rabies _____
 - b. Distemper _____
 - c. Parvovirus _____
 - d. Bordatella _____
 - e. Other _____

A. Does your animal have any past or current medical conditions, or allergies?

B. What would you like help with? Please write your specific goals and prioritize them.

C. What do you especially like about your animal(s)?

D. Has your animal ever bitten? Specify whom (including other animals), under what conditions, and severity of bite.*

E. What does your animal eat?

F. Any other information you'd like to share?

*If you or the instructor have any safety concerns, your animal may be requested to wear a basket muzzle or head collar; or it may be requested that you leave your animal at home. Basket muzzles are available for purchase at the workshop.