

Connections[®]: Tellington TTouch[®]-Based Training

For Pets & Their People

Paula Joseph-Johnson

918-810-6353

www.connectionsttouch.com

Animal Profile

Address/Phone

Person's Name: _____ (not needed for workshop): _____

Animal's Name: _____ Breed/Species: _____

Age: _____ Sex: _____ Weight: _____ Altered: Yes No

Special qualities (tell me what is special and you love most about your animal; continue on separate sheet if needed): _____

Diet:

What other animals live in the home and the relationship with each:

What other humans live in the home (or visit regularly) and the relationship with each:

Please check all that apply.

Reactivity or Aggressive Responses		Behavior	
To dogs/cats		Barking	
To people		Biting	
To other		Chewing	
Explain:		Digging	
		Jumping up	
		Pulling on leash	

Fears		Licking	
Loud Noise		Running away	
New environment		Scratching	
Veterinarian		Sub. urination	
Thunderstorms		Grooming issues	
Slippery surfaces		Growling	
Nail clipping		Cowering	
Other			Other

Fear Response: Please be as specific as Possible about the observed behaviors and the reactions of the animal.

Personality		Health Concerns	
Afraid of strangers		Aging	
Eager to please		Arthritis	
Nervous		Car sickness	
Friendly		Dysplasia	
Shy		Stress	
		Surgery	
		Illness	
Other		Other	

What are the top two things you would like to see or improve with your animal/relationship?

1. _____ 2. _____

Other comments (what else would you like me to know?):

Signature: _____ Date: _____