

CONFIDENTIAL PET BEHAVIOR HISTORY QUESTIONNAIRE

(Note: This information is for my use only and your private information will not be given out without your permission except as required to communicate with parties such as your primary care veterinarian after the appointment)

Pet behavior problems can be difficult and frustrating to correct. The information you provide is very important for assessing and treating your pet's behavior problems. Please fill out this form as completely and accurately as possible ("help me help you"). If questions clearly do not apply (e.g. obedience training for cats) you are welcome to skip the question, but please answer all those possible, even if you feel it may not be relevant!

Please answer questions in as descriptive detail as possible (word pictures of what is happening). Also, be sure to get this and the liability waiver filled out prior to our first meeting. Thank you.

Date:

Owner Name:

Address:

Type & size of residence (e.g. 2 story 1800 sq ft house)

Yard size & fencing (e.g. medium yard- 6 ft solid wood fence)

Home Phone*:

Cell Phone*:

E-mail (*important*):

Family veterinarian/Name of clinic:

Referred by:

GENERAL PET INFORMATION

Pet's name: Dog: Cat: Other:

Age: years Sex: M F Breed: Weight:

Neutered/ Spayed: yes no. **At what age?**

Where did you obtain this pet? friend, breeder, pet shop, humane society, other:

At what age:

For what purpose was this pet obtained? Companionship, protection, breeding, show, other:

Time spent indoors: % outdoors: %

Is this pet left alone during the day? How long?

In precisely what area of the house or yard is the pet kept:

- a. during the **day**:
- b. during the **night** (describe exactly where pet sleeps):
- c. when pet is left **alone** (where is pet?):
- d. when **guests** visit::

Describe the pet's **personality**:

Diet: _____ % dry Brand:
 _____ % canned Brand:
 _____ % table scraps Supplements:

When is the pet fed? morning noon night other: By whom?

How long is food left down for pet? N/A: pet gulps down immediately:

Describes the pet's behavior:

- a. just prior to your departure:
- b. just after your return: _

List all **major surgical or medical problems** and approximate **dates**:

List all **medication** currently being taken by this pet:

Last visit to primary care veterinarian:

List the Names, Ages and Gender (and whether neutered/spayed) of the other pets in the household:

Name	Breed	Age	Age	Gender	Spayed/
Neutered?			Adopted		(and
at what age)					

What **toys** does your pet like to play with?

What amount of exercise or opportunity to **exercise** is given to your pet?

Does he or she **run free** in the neighborhood? How often?

Has this pet had any **obedience training**?

Please describe the **type of training** and the outcome, including **age** when started and **with whom**:

What will the pet **do on command**?

What will the pet do on command when **distractions present**?

Does this pet get along with **other animals**? If not, please explain: .

What are the **names, ages and relationship to owner** (e.g. spouse, son, roommate, etc.) **of the people** that are in the pet's environment ("family members")? What are their **daily schedules**?

How does this pet react to strangers?

BEHAVIOR PROBLEM INFORMATION

Please describe your pet's behavior problem(s) (prioritize if multiple):

What month/year was the main problem first noted?

Where and under what circumstances was each problem first noted?

Describe the situation(s) in which the main problem is most likely to occur

The main problem occurs (check off answer): always usually rarely never
(check below or %)

1. When the pet is left alone at home:
2. In the presence of the family members:
3. During the night when the family sleeps:
4. Family home but not watching pet:

Frequency of occurrence: times per day, times per week, times per
month, times per year.

Has there been a change in the frequency or appearance of the problem? _____ Please describe:

What has been done so far to **correct** this problem?(e.g.: discipline, confine, obedience training, avoid, etc.)

What was the pet's **response** to the specific intervention(s) above?

Were there any **significant changes** in this pet's environment prior to the appearance of this problem (circle if seen and comment as needed)?

- | | |
|----------------------------|-------------------------------------|
| a. moved or redecorated | e. change in family schedule |
| b. boarded | f. new family member/roommate |
| c. visitors (human or pet) | g. diet change |
| d. type of litter changed | h. other (new pet introduced, etc.) |

How did these changes affect your pet?

Please indicate any **other behavior problems** (circle and comment as needed):

- | | | | |
|-----------------------|----------------------|---------------------|---------------------|
| a. house soils | h. shy | o. play | v. fear of noises |
| b. chewing | i. eats stool | p. jumps up | w. growls at people |
| c. feeding | j. pacing | q. unruly | x. other _____ |
| d. sexual | k. aggressive | r. bites | |
| e. grooming | l. barking | s. fights | |
| f. digging | m. very slow learner | t. runs away | |
| g. eats nonfood items | n. sleep problems | u. ignores commands | |

Comments?:

If pet is aggressive please describe all **situations** that are **likely to elicit aggressive behavior** such as growling, nipping, biting, attacking, etc. (e.g. petting, approached by anyone, approached by children, only when in the car, reaching for, punishing, pushing, taking food or toys away, disturbed while sleeping, at vets, etc.):

Also: Please discuss in detail any **other information** that you feel is relevant to your pet's problem:

If your pet has an aggression problem, **describe the last two or three aggressive incidents in detail** (and indicate approximate dates) on the back of this page. If your pet is not aggressive you can describe incidents you feel are important for the clinician to be aware of.