

## Behavior consultation questionnaire

Please return this form at least *48 hours* prior to your appointment. Appt time \_\_\_\_\_ Date \_\_\_\_\_  
If the forms are not received 48 hours prior to the appointment time, you may be requested to reschedule.

**Dx:** \_\_\_\_\_

Owner: \_\_\_\_\_ email: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Family veterinarian: \_\_\_\_\_ Family veterinarian's phone: \_\_\_\_\_

Would you like a postconsultation summary letter sent to your veterinarian? Yes  No  No preference

Referred by / How did you hear about us? \_\_\_\_\_

Please fill out this form carefully and completely. The information which you provide will be very important for diagnosing and treating your pet's behavior problems.

### General information

Pet's name: \_\_\_\_\_ Dog  Cat  Other: \_\_\_\_\_

Age: \_\_\_\_\_ years Sex: M/F Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Weight: \_\_\_\_\_

Neutered/spayed: yes[ ] no[ ] At what age? \_\_\_\_\_ At what age did you obtain the pet? \_\_\_\_\_

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

For what purpose was this pet obtained? companionship, protection, breeding, show, other \_\_\_\_\_

Time spent indoors: \_\_\_\_\_ % outdoors: \_\_\_\_\_ % Is this pet left alone during the day?  yes  no  
How long? \_\_\_\_\_

In what area of the house or yard is the pet kept when ...

a. Family at home:

b. Family away:

c. Family asleep:

d. Guests are visiting:

Access to yard through dog/cat door?  yes  no

Describe the pet's personality: \_\_\_\_\_

Describe the pet's behavior:

a. just prior to your departure

b. just after your return

Diet: \_\_\_\_\_ % dry (brand \_\_\_\_\_) \_\_\_\_\_ % canned (brand: \_\_\_\_\_)

\_\_\_\_\_ % table scraps Supplements: \_\_\_\_\_

When is the pet fed? \_\_\_\_\_ By whom? \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_ List all major surgical or medical problems and approximate dates:

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List all medications (dosage size in mg, schedule, and duration) that have been prescribed for a behavior problem and the results: \_\_\_\_\_

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List all medications (including dosage and schedule) currently being taken by this pet: \_\_\_\_\_

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List the number of other pets in the home:

Cats:	female intact	_____	Dogs:	female intact	_____	Other:
	female spayed	_____		female spayed	_____	
	male intact	_____		male intact	_____	
	male neuter	_____		male neuter	_____	

What toys/types of play does the pet enjoy?

What amount of exercise or opportunity to exercise is given to the pet?

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

Has this pet had any formal obedience training? y  n  Class  Private instructor  I trained my pet at home

What type of collar do you use for training? flat choke chain pinch/prong head halter

Grade the success: failed  fair  good  excellent  Please describe the type of training:

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What will the pet do on command?

Does this pet get along with other animals? y  n  If not, please explain:

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How does this pet react to unfamiliar people?

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What persons are in the pet's environment? Their schedules? Children's ages?

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### **Behavior problem information**

Please describe your pet's behavior problem(s):

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What month/year were the problem(s) first noted?

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Where and under what circumstances was each problem first noted?

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Describe the situations(s) in which the problem is most likely to occur?

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The problems occur:	always	usually	rarely	never
when the pet is left alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in the presence of the family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
during the night when the family sleeps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

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

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What was the pet's response to the correction?

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Were there any significant changes in this pet's environment prior to the appearance of this problem?

- |   |  |
|---|--|
| <input type="checkbox"/> a. moved or redecorated    | <input type="checkbox"/> e. change in family schedule          |
| <input type="checkbox"/> b. boarded                 | <input type="checkbox"/> f. new family member / roommate / pet |
| <input type="checkbox"/> c. visitors (human or pet) | <input type="checkbox"/> g. other                              |
| <input type="checkbox"/> d. diet change             |  |

How did these changes affect your pet?

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Please indicate any other behavior problems:

- |   |                                     |   |  |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> housoils               | <input type="checkbox"/> shy        | <input type="checkbox"/> play                   | <input type="checkbox"/> pulls hard on leash |
| <input type="checkbox"/> destructive chewing    | <input type="checkbox"/> eats stool | <input type="checkbox"/> jumps on people        | <input type="checkbox"/> other               |
| <input type="checkbox"/> feeding                | <input type="checkbox"/> pacing     | <input type="checkbox"/> unruly                 |  |
| <input type="checkbox"/> sexual                 | <input type="checkbox"/> aggressive | <input type="checkbox"/> bites                  |  |
| <input type="checkbox"/> grooming               | <input type="checkbox"/> barking    | <input type="checkbox"/> fights                 |  |
| <input type="checkbox"/> digging                | <input type="checkbox"/> learning   | <input type="checkbox"/> runs away              |  |
| <input type="checkbox"/> swallows nonfood items | <input type="checkbox"/> sleep      | <input type="checkbox"/> destructive scratching |  |

Please describe all situations which are likely to elicit aggressive behavior, such as growling, nipping, biting, attacking, (e.g., petting, approached by adults, approached by children, only when in the car, reaching for, punishing, pushing, taking food or toys away, disturbed while sleeping):

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If your pet has an aggression problem, describe at least the last two or three aggressive incidents in detail on the back of this page.

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

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## Housoiling data sheet

Family name: \_\_\_\_\_ Date: \_\_\_\_\_

Pet's name: \_\_\_\_\_

What percentage of the elimination incidents in the home are urine \_\_\_\_% stool \_\_\_\_%

Does this pet urinate when petted? n/y When excited? n/y When scolded / punished? n/y

Is there a preference for urinating inappropriately on	<u>No</u>	<u>Yes</u>	
upright surfaces (walls, sides of furniture, drapes)	<input type="checkbox"/>	<input type="checkbox"/>	_____ % upright
horizontal surfaces (floor, top of counters or furniture)	<input type="checkbox"/>	<input type="checkbox"/>	_____ % horizontal

Is there a preference for secluded areas (e.g., closets, under furniture)?

Do strays or pets from other households frequently visit or call outside windows, doors, or in the yard? [ ] [ ]

Surface preference for inappropriate elimination:

Rugs \_\_\_\_ clothing \_\_\_\_ paper \_\_\_\_ soil \_\_\_\_ linoleum or other hard surfaces \_\_\_\_  
other \_\_\_\_\_ no preference [ ]

Age when housetrained \_\_\_\_\_. Never housetrained [ ]

Method of training:

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Outcome of training:

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## Medical history

	<u>No</u>	<u>Yes</u>	
Has this pet ever had cystitis (urinary bladder infection)?	<input type="checkbox"/>	<input type="checkbox"/>	Approximate dates: _____
Does any straining or pain accompany urination?	<input type="checkbox"/>	<input type="checkbox"/>	
" " defecation?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you noticed blood in the urine?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you noticed blood in the stool?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there an increased frequency of urination?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there an increased frequency of urination?	<input type="checkbox"/>	<input type="checkbox"/>	
Has there been an increase in water consumption?	<input type="checkbox"/>	<input type="checkbox"/>	
Has there been an increase in the amount of urine voided?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the stool have an abnormal appearance?	<input type="checkbox"/>	<input type="checkbox"/>	
Date of last urinalysis _____			Results: _____

**Litterbox information (cats)**

No      Yes

Has this pet ever eliminated consistently in the litterbox?           

When indoors, the pet defecates in the box \_\_\_\_ % of the time    never defecates in the box

When indoors, the pet urinates in the box \_\_\_\_\_ % of the time    never urinates in the box

How many litterboxes are available? \_\_\_\_\_    How many are covered boxes? \_\_\_\_\_

How often is the litterbox cleaned? \_\_\_\_\_

Type of litter used in the litterbox: Standard clay  Clumping  other \_\_\_\_\_

Brand of litter used: \_\_\_\_\_ How long has this brand been used? \_\_\_\_\_

Where is the litterbox(s) kept? \_\_\_\_\_

**Please draw a diagram of your house on the back of this form.**

Indicate areas of inappropriate urination, defecation, urine spraying, litterbox positions (cats) and feeding areas.