

Behavior Consultation Questionnaire

Please return this form as soon as you have completed the document. A tech will call you for an appointment after Dr. Beede has had an opportunity to review the document and prepare for the visit.

Owner: _____ email: _____ Date: _____
Address: _____ Zip _____
Home phone: _____ Business phone: _____
Family veterinarian: _____ Family veterinarian's phone: _____

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 _____
If yes, 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:

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

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

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:

What will the pet do on command?

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

How does this pet react to unfamiliar people?

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

Behavior problem information

Please Describe your pet's behavior issues: _____

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

Where and under what circumstance was each problem first noted?

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

The problems occur: always _____ usually _____ rarely _____ never _____ when the pet is left alone _____ in the presence of the family members _____ during the night when the family sleeps _____

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)

What was the pet's response to the correction?

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

- a. moved or redecorated _____ b. boarded _____ c. visitors (human or pet) _____ d. diet change _____
e. change in family schedule _____ f. new family member / roommate / pet _____

How did these changes affect your pet?

Please indicate any other behavior problems:

- house soiling _____ destructive chewing _____ feeding _____ sexual _____ grooming _____ digging _____
swallows nonfood items _____ shy _____ eats stool _____ pacing _____ aggressive _____ barking _____
learning _____ sleep _____ jumps on people _____ unruly _____ bites _____ fights _____
runs away _____ destructive _____ scratching _____ pulls hard on leash _____ other _____

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):

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:

House soiling data sheet

Fill this out if there are any house soiling issues. If not, disregard

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 upright surfaces (walls, sides of furniture, drapes) _____ %
upright horizontal surfaces (floor, top of counters or furniture) _____ % 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:

Outcome of training:

Medical history

No Yes Has this pet ever had cystitis (urinary bladder infection)? ____ Approximate dates _____

Does any straining or pain accompany urination? ____ defecation? _____

Have you noticed blood in the urine?

Have you noticed blood in the stool?

Is there an increased frequency of urination?

Is there an increased frequency of urination?

Has there been an increase in water consumption?

Has there been an increase in the amount of urine voided? Does the stool have an abnormal appearance?

Date of last urinalysis _____ Results: _____

Litterbox information (cats only)

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.