

Behavior Form
All Creatures Veterinary Clinic

Owner: _____ E-mail: _____ Date: _____

Address: _____

Home Phone: _____ Business Phone: _____

Please fill out this form carefully and completely. The information you provide will be 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 or spayed: Yes No If so, at what age? _____

At what age did you obtain the pet: _____

Where did you obtain this pet? (friend, breeder, pet shop [name of store], humane society, other [please specify]) _____

For what purpose was this pet obtained? (companionship, protection, breeding, show, other [please specify]) _____

Time spent indoors: _____ % outdoors: _____ %

Is this pet left alone during the day? Yes No If so, how long? _____

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

- a. Family home: _____
- b. Family away: _____
- c. Family asleep: _____
- d. When guests visit: _____

Describe the pet's personality:

Describe the pet's behavior:

- a. Just before your departure: _____
- b. Just after your return: _____

Diet: _____ % dry (brand _____)

_____ % canned (brand _____)

_____ % table scraps

Favorite treat(s): _____

Supplements: _____

When is the pet fed? _____

By whom? _____

Date of last physical examination: _____

List all major surgical or medical problems and approximate dates:

List all medications (dosage, 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 neutered _____		Male neutered _____	

What is your pet's relationship to the other animals (e.g. friendly, hostile, fearful)? Please describe.

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? Yes [] No []

If so, circle as appropriate: Class Private instructor I trained my pet at home

What type of collar do you use for training? (circle) Flat Choke chain Pinch/prong Head halter

Grade the success (circle): Failed Fair Good Excellent

Please describe the type of discipline you use for general misbehavior:

What will your pet do on command?

Does this pet get along with other animals? Yes [] No [] 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 problem(s):

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

When did it first become a serious concern?

Where and under what circumstances was each problem first noted?

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

The problems occur:

When the pet is left alone

Always

Usually

Rarely

Never

[]

[]

[]

[]

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 intensity of the problem? _____

Please describe:

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

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. Type of litter changed

- e. Change in family schedule
- f. New family member/roommate
- g. Diet change
- h. Other

How did these changes affect your pet?

Please indicate any other behavior problems:

Housesoils	Shy	Play	Other:
Destructive chewing	Eats stool	Jumps up	
Feeding	Pacing	Unruly	
Sexual	Aggressive	Bites	
Grooming	Barking	Fights	
Digging	Learning	Runs away	
Swallows nonfood items	Sleep	Destructive scratching	

Please describe all situations which 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):

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 that you feel is relevant to your pet's problem: