

ANIMAL BEHAVIOR CONSULTATION

Owner: _____ Date: _____

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. Please fill out this form as completely and as accurately as possible. Thank you.

GENERAL INFORMATION

Pet's name: _____ Dog Cat Age _____ Breed: _____

Sex: M F 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 _____

Why did you choose this breed/type of pet?

Have you owned this type of pet before? _____

What persons are in the pet's environment? (include age of children)

Briefly describe how your pet gets along with family members including any problems:

Time spent indoors: _____ % outdoors: _____ % Is this pet left alone during the day? _____ 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:

Have you ever used a crate for confinement?
If yes, how did the pet react?

Do you still use a crate? If no, why not?

Describe the pet's personality:

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Describe the pet's personality:

Describe the pet's behavior

just prior to your departure-

and, just after your return-

DIET

Diet: _____% dry (Brand _____) _____% canned (Brand: _____)

_____ % table scraps/treats Supplements: _____ When is
the pet fed? _____ By whom? _____

MEDICAL

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

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

ADDITIONAL HOUSEHOLD INFORMATION

List the number of other pets in the home: (Indicate sex, age, and whether neutered)

Cats: Dogs: Other:

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? _____

TRAINING

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 other

Grade the success: failed[] fair[] good[] excellent[]

Please describe the type of training:

Which family members have the most and least control?

What will the pet do on command? (sit, stay, walk on leash, come, give, tricks, behavior off-leash, etc)

Have you ever used any of the following for punishment or training: (if yes, how did the pet react?)

Physical punishment Noise punishment Water sprayer Verbal reprimands Physical handling Time-out

Which method was most effective?

Does any make the problem worse?

Has punishment ever lead to threatening or aggressive behavior?

How does your pet respond to the following types of handling? :

Nail trimming? Grabbing collar? Giving pills? Being lifted? Bathing? Hugging? Rubbing belly?

What are your pet's favorite rewards? (specific foods, treats, or activities)

How does your pet react to the following? (calm, excited, fearful, friendly, aggressive)

Storms/fireworks Meeting new people at your home Meeting new people off-property New dogs at your home New dogs off-property Car rides

BEHAVIOR PROBLEM INFORMATION Please describe your pet's behavior problem(s) (Describe one or more incidents in detail):

What month/year were the problem(s) first noted? Where and under what circumstances was it first noted?

When did it first become a serious concern?

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 /week /month /year

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

Has there been a change in the intensity or other aspect of the problem? _____ Please describe:

:

What has been done so far to correct this problem? (discipline, confinement, 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 e. change in family schedule b. boarded f. new family member / roommate / pet
- c. visitors (human or pet) g. diet change d. type of litter changed h. other

How did these changes affect your pet?

Please indicate any other behavior problems: house soiled shy play pulls hard on leash destructive chewing eats stool jumps up disobedient feeding pacing unruly other 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, etc.):

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:

Where are you on a scale of 1 to 5 as follows:

1. I am here only out of curiosity - the problem is not serious. 2. I would like to change the problem, but it is not serious. 3. The problem is serious and I would like to change it, but if it remains unchanged that's all right. 4. The problem is very serious and I would like to change it, but if it remains unchanged I will keep

my pet. 5. The problem is very serious and I would like to change it; if it remains unchanged I will give up my pet or have him/her euthanized.

You may return this completed form to Westview Animal Hospital in person or via mail, email, or fax:

WestviewAnimalHospital@gmail.com Fax: (410) 744-9498

Additional Questions for House Soiling or Litterbox Problems

What percentage of the elimination incidents in the home are urine ____% stool ____%.

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

Is there a preference for urinating inappropriately on No Yes Surface

-upright surfaces (walls, sides of furniture, drapes) [] [] % upright -horizontal surfaces (floor, top of counters or furniture) [] [] % horizontal Is there a preference for secluded areas? (closets, under furniture, etc.)? [] [] 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:

M

EDICAL

H

ISTORY

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 [] [] " " stool [] [] Is
there an increased frequency of urination [] [] " " defecation [] [] 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)

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 litter boxes
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 diagram your house on the back of this form. Indicate areas of inappropriate urination, defecation, urine spraying, litterbox positions(cats) and feeding areas

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