

Wheatland Animal Hospital Behavioral Survey

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 Other: _____

Age: _____ yrs 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? _____ How long? _____

In what area of the house or yard is the pet kept: _____ Access to yard through dog/cat door: yes no

- 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 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 & duration) that has 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?

Behavioral Problem Information

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

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

Where and under what circumstances was each problem(s) first noted?

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

<u>The problems occur:</u>	<u>always</u>	<u>usually</u>	<u>rarely</u>	<u>never</u>
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 yr.
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?(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. diet change
- e. change in family schedule
- f. new family member / roommate / pet
- g. other

How did these changes affect your pet?

Please indicate any other behavior problems:

- | | | | |
|------------------------|------------|------------------------|---------------------|
| house soils | shy | play | pulls hard on leash |
| destructive chewing | eats stool | jumps on people | other |
| feeding | pacing | unruly | |
| sexual | aggressive | bites | |
| grooming | barking | fighting | |
| 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 adults, 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: