

Four Paws Animal Hospital & Wellness Center, Inc.

Behavior Questionnaire

Owner: _____ Pet's name: _____ Date: _____

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. This form must be returned to the hospital at least 48 hours prior to your appointment to give the doctor time to review the information.

GENERAL INFORMATION

At what age did you obtain the pet: _____

Where did you obtain this pet?

- | | | |
|----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Pet store | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Breeder | <input type="checkbox"/> Rescue group | |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Family member | |

Why did you choose this specific animal from the litter? _____

Why did you choose this specific breed? _____

Have you had this particular breed before? () Yes () No

Have you had dogs before? () Yes () No Have you had cats before? () Yes () No

For what purpose was this pet obtained?

- | | | |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Companionship | <input type="checkbox"/> Breeding | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Protection | <input type="checkbox"/> Showing | |

Has this pet had other owners? () Yes () No If yes, how many? _____ () Unknown

How many times per day is your pet fed treats? () 1 () 2 () 3 () 4 () More than 4

Is your pet fed snacks (human food) from the table? () Yes () No

When is the pet fed? _____ By whom? _____

PET'S ENVIRONMENT

What percentage of the day does you pet spend indoors? _____ % outdoors _____ %

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

Where is the pet kept when:

- Family home: _____
- Family away: _____
- When guests visit: _____

Where does your pet sleep (check all that apply)?

- In or on your bed
- On its own bed in your bedroom
- On its own bed in another room
- In its crate in your bedroom
- In its crate in another room
- On the floor next to your bed
- In another room, voluntarily, anywhere it wants
- In another room because it is locked out of your room, anywhere it wants

What kind of living situation do you have? () Apartment () Townhouse/Condominium
() House with small yard () House with large yard () Farm

Describe in detail how you prepare to leave the house when the pet will be left alone? Do you ignore your pet, do you seek it out and say goodbye, do you make a fuss over it, etc?

Describe the pet's behavior:

Just before your departure: _____

Just after your return: _____

List the number of other pets in the home. Please label which pet was obtained first, second, etc:

Name	Breed	Sex	Neutered?	Age obtained	Age now	Order obtained

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?

How many times per day do you play with toys or play games with the pet inside the house (on average)? _____

How many times outside? _____ About how long does each play session last? _____

What amount of exercise or opportunity to exercise is given to the pet? Please describe the activity and the frequency:

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

Does this pet get along with other animals? Yes [] No [] If no, please explain:

How does this pet react to unfamiliar people?

Please list the people, including yourself, currently living in the household. Please place an asterisk (*) next to the names of the people who will be attending the consultation appointment. It is recommended that as many of the adults and older children in the household attend as possible.

Name	Sex	Age	Relationship (self, husband, etc)	Occupation	Affected by pet's behavior?

MEDICAL HISTORY

List all major surgical or medical problems and approximate dates:

List all medications (dosage, frequency, 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. Please include heartworm preventatives and any supplements or vitamins:

Is your pet neutered or spayed? Yes [] No [] If so, at what age? _____

If this pet is not neutered, do you plan on breeding this dog or cat? () Yes () No

Has this dog or cat ever been bred? () Yes () No

If female, did she experience heat cycles before neutering? () Yes () No Age of first heat, if applicable _____

FOR DOGS ONLY

What is your dog's obedience school history?

- | | |
|---|---|
| <input type="checkbox"/> Puppy kindergarten | <input type="checkbox"/> Private instructor at home |
| <input type="checkbox"/> Group lessons – basic | <input type="checkbox"/> Sent to private trainer |
| <input type="checkbox"/> Group lessons – advanced | <input type="checkbox"/> I trained my pet at home |

Grade the success (circle): Failed Fair Good Excellent

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

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

What commands does the dog know and how well?

- | | | | |
|--------------|---------|------------|------------|
| • Sit | Perfect | Usually ok | Needs work |
| • Stay | Perfect | Usually ok | Needs work |
| • Lie down | Perfect | Usually ok | Needs work |
| • Come | Perfect | Usually ok | Needs work |
| • Wait | Perfect | Usually ok | Needs work |
| • Heel | Perfect | Usually ok | Needs work |
| • Fetch | Perfect | Usually ok | Needs work |
| • Drop it | Perfect | Usually ok | Needs work |
| • Other_____ | Perfect | Usually ok | Needs work |

FOR CATS ONLY

How many litter boxes do you have? _____

Describe the litter boxes (check all that apply and put in parentheses the number of boxes for which the description is true).

- | | | | | | |
|----------------------------------|-----|--|-----|-----------------------------------|-----|
| <input type="checkbox"/> Open | () | <input type="checkbox"/> Small | () | <input type="checkbox"/> Liner | () |
| <input type="checkbox"/> Covered | () | <input type="checkbox"/> Shallow | () | <input type="checkbox"/> No liner | () |
| <input type="checkbox"/> Large | () | <input type="checkbox"/> Deep/tall sides | () | | |

What kind of litter material do you put in the box(es)? Check all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Clumpable | <input type="checkbox"/> Whatever's cheapest | <input type="checkbox"/> Wheat husks |
| <input type="checkbox"/> Plain, non-clumping clay | <input type="checkbox"/> Dirt or soil | <input type="checkbox"/> Recycled, pelleted newspaper |
| <input type="checkbox"/> Deoderized or scented | <input type="checkbox"/> Gravel / rocks | <input type="checkbox"/> Shredded paper |
| <input type="checkbox"/> Sand | <input type="checkbox"/> Sawdust / wood chips | <input type="checkbox"/> Other _____ |

Where are the litterboxes located (check all that apply)?

- | | | |
|---------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Closet | <input type="checkbox"/> Bedroom | <input type="checkbox"/> Pantry |
| <input type="checkbox"/> Laundry room | <input type="checkbox"/> Attic | <input type="checkbox"/> Stairwell |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Basement | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Entryway | |

Describe in detail how your cat uses the litter box. For example, does it scratch in the litter before eliminating? Cover up feces? Scratch outside of box? Miss the box?

Is your cat declawed? () Yes () No

BEHAVIOR PROBLEM INFORMATION

Please describe your pet's behavior problem(s), including the circumstances in which it is most likely to occur:

- 1.
- 2.
- 3.
- 4.
- 5.

Please give additional information. (Problem 1 should be the same as problem 1 above, etc)

Problem	Date first noticed	Date became serious concern	Frequency (daily, weekly, etc)	Getting better or worse?
1				
2				
3				
4				
5				

Please rate the seriousness of the problem(s) by checking the appropriate column:

Problem	Very Serious	Serious	Not Serious
1			
2			
3			
4			
5			

Using the same problem numbering scheme, please write the number in the appropriate box in the chart under which the situation(s) 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				

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? (Please circle any that apply)

- | | |
|----------------------------------|-----------------------------|
| A. Moved or redecorated | G. Diet change |
| B. Boarded | H. Death of human in family |
| C. Visitors (human or pet) | I. Death of pet in family |
| D. Type of litter changed (cats) | J. Family member moved out |
| E. Change in family schedule | K. Baby born |
| F. New family member / roommate | L. Pet added |

Please indicate any other behavior or training problems:

Housoiling	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 in your pet 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.

Why have you kept the pet despite its behavior problems?

Are you concerned that you may have caused the problem? () Yes () No

Why? _____

Do you feel guilty about the problem(s)? () Yes () No

Have you considered finding another home for this pet? () Yes () No

Have you considered euthanasia (putting your pet to sleep)? () Yes () No

Has someone else recommended euthanasia before your visit here? () Yes () No

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