

Last visit to primary care veterinarian:

List the Names, Ages and Gender (and whether neutered/spayed) of the other pets in the household:

Name	Breed	Age Adopted	Age	Gender	Spayed/ Neutered? (and at what age)
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What **toys** does your pet like to play with?

What amount of exercise or opportunity to **exercise** is given to your pet?

Does he or she **run free** in the neighborhood (with or without owner present, including any off leash activity)? How often?

Has this pet had any **obedience training**?

Please describe the **type of training** and the outcome, including **age** when started and **with whom**:

What will the pet **do on command**?

What will the pet do on command when **distractions present**?

Does this pet get along with **other animals**? If not, please explain: _

What are the **names, ages and relationship to owner** (e.g. spouse, son, roommate, etc.) **of the people** that are in the pet's environment ("family members")? What are their **daily schedules**?

How does this pet react to strangers?

BEHAVIOR PROBLEM INFORMATION

Please describe your pet's behavior problem(s) (prioritize if multiple):

What month/year was the main problem first noted?

Where and under what circumstances was each problem first noted?

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

The main problem occurs (check off answer): always usually rarely never

(check below or %)

1. When the pet is left alone at home:
2. In the presence of the family members:
3. During the night when the family sleeps:
4. Family home but not watching pet:

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, avoid, etc.)

What was the pet's **response** to the specific intervention(s) above?

Bite history: How many times has dog bitten a person or dog and caused injury that required a dr, er or hospital visit?

Were there any **significant changes** in this pet's environment prior to the appearance of this problem (circle if seen and comment as needed)?

- | | |
|----------------------------|-------------------------------------|
| a. moved or redecorated | e. change in family schedule |
| b. boarded | f. new family member/roommate |
| c. visitors (human or pet) | g. diet change |
| d. type of litter changed | h. other (new pet introduced, etc.) |

How did these changes affect your pet?

Please indicate any **other behavior problems** (circle and comment as needed):

- | | | | |
|----------------|--------|---------|-------------------|
| a. house soils | h. shy | o. play | v. fear of noises |
|----------------|--------|---------|-------------------|

- | | | | |
|-----------------------|----------------------|---------------------|---------------------|
| b. chewing | i. eats stool | p. jumps up | w. growls at people |
| c. feeding | j. pacing | q. unruly | x. other _____ |
| d. sexual | k. aggressive | r. bites | |
| e. grooming | l. barking | s. fights | |
| f. digging | m. very slow learner | t. runs away | |
| g. eats nonfood items | n. sleep problems | u. ignores commands | |

Comments?:

If pet is aggressive please describe all **situations** that 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, at vets, etc.):

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

If your pet has an aggression problem, **describe the last two or three aggressive incidents in detail** (and indicate approximate dates) on the back of this page. If your pet is not aggressive you can describe incidents you feel are important for the clinician to be aware of.