

PLEASE RETURN THIS FORM AT LEAST 48 HOURS PRIOR TO YOUR APPOINTMENT
APPOINTMENT TIME _____ DATE _____

***** IF THE FORMS ARE NOT RECEIVED 48 HRS PRIOR TO THE APPOINTMENT TIME, YOU MAY BE REQUESTED TO RESCHEDULE.**

ANIMAL BEHAVIOUR CONSULTATIONS

Owner: _____ email: _____ Date: _____

Address: _____

Phone: _____

Please fill out this form carefully and completely. The information which you provide will be very important for diagnosing and treating your pet's behaviour problem. Please fill out this form as completely and as accurately as possible. Thank you.

GENERAL INFORMATION

Pet's name: _____ Dog () Cat () Other: _____ Age: _____ years

Sex: M F Breed: _____ Colour: _____ Weight: _____

Desexed Y / N At what age? _____ What age did you obtain this pet: _____

Where did you obtain this pet? friend breeder pet shop humane society (circle one)

other _____

For what purpose was this pet obtained? Companionship, protection, breeding, other

Time spent indoors: _____ % Outdoors _____ %

Is this pet alone during the day? Y / N How long? _____

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

- Family home _____
- Family away _____
- Family asleep _____
- Guests visit _____

Does your pet have access to yard through dog / cat door: Y / N

Describe your pet's personality: _____

Describe your pet's behaviour:

- Just prior to your departure _____
- Just after your return _____

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

When is the pet fed? _____ by whom? _____

Date of last physical exam by vet? _____

List all major surgical or medical problems and approximate dates: _____

2.

List all medications (dosage size and schedule) currently being taken by this pet: _____

List the number of other pets in home:

Cats: Female entire _____
Female spayed _____
Male entire _____
Male castrated _____

Dogs: Female entire _____
Female spayed _____
Male entire _____
Male castrated _____

What toys / types of play does the pet enjoy? _____

What amount of exercise or opportunity to exercise is given to the pet? _____

Does he / she run free in the neighbourhood? _____ How often? _____

Has this pet had any formal obedience training? Y N Class Training Private instructor

I trained my pet at home (circle one)

What type of collar do you use for training? Flat choke chain pinch/prong head halter

Grade of success? Failed fair good excellent (circle one)

What will your pet do on command? _____

Does this pet get along with other animals? Y N (circle one)

if not, please explain _____

How does this pet react to unfamiliar people? _____

What persons are in the pet's environment? Their schedules? _____

Children's Age? _____

BEHAVIOUR PROBLEM INFORMATION

Please describe your pet's behaviour problem(s)? _____

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

Where and under what circumstances each problem was first noted? _____

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

3.

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, _____ times per month, _____ times per year, _____

Has there been any change in the frequency or appearance of the problem? _____

Please describe: _____

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

What as 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 reordered | e. Change in family schedule |
| b. Boarded | f. New family member / roommate / pet |
| c. Visitors (human or pet) | g. Other |
| d. Diet change | |

How did these changes affect your pet? _____

Please indicate any other behaviour problems?

house soils	shy	play	pulls hard on lead
eats stool	feeding	pacing	unruly
destructive chewing	grooming sexual	aggressive	bites
jumps on people	barking	fight	digging
learning	sleep	swallows non-food items	
runs away	destructive scratching		

Please describe all situations which are likely to elicit aggressiveness behaviour such as growling, nipping, biting, attacking, etc. (eg: 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:

