



## Behavior History Form

This is a general history form. It will be used as a guide to more specific questions related directly to your pets behavior problem. Please fill out in as much detail as possible and return to our office 2-3 days before your scheduled appointment. If you have any questions, or require further clarification, please call the office at (603)-529-4999. If you wish to fax this form to our office, please send to (603)-529-4980.

### Owner Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Best method to contact: \_\_\_\_\_

### Patient Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female

Species:  Canine  Feline

Breed: \_\_\_\_\_

### Medical History:

When was the last physical examination performed on your pet? \_\_\_\_\_

Have there been any medical tests performed associated with the behavioral problem?

Yes  No

If yes, please obtain a copy of all medical tests performed and submit with this form.

Is your pet spayed or castration (neutered)

Yes  No

1. If yes, at what age? \_\_\_\_\_
2. If yes, reason for procedure? Routine/attempt to modify behavior/other
3. If no, are you planning on breeding your pet?

Yes  No

Are vaccinations, including rabies vaccination, current?

Yes  No

List any medications that your pet has received in the past month or is currently taking:

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List any medications, including homeopathic remedies, that your pet has ever received for the treatment of a behavioral problem:

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Does your pet have any preexisting or current medical problems?

Yes  No

If yes, please list: \_\_\_\_\_

Has your pet ever had a seizure?

Yes  No

**Household Information:**

Please list all members of your household, including ages of children and hours away from home.

Name	Gender	Age	Relationship (self, husband, wife, etc)	Hours away/day


Please list all household pets, including the patient, in the order acquired:

Name	Species	Breed	Gender	Age	Age acquired

**Background Information:**

How old was your pet when you first acquired him/her? \_\_\_\_\_

Where did you acquire this pet from?

- |   |   |
|---|---|
| <input type="checkbox"/> stray/found          | <input type="checkbox"/> newspaper adoption (not breeder) |
| <input type="checkbox"/> professional breeder | <input type="checkbox"/> pet store                        |
| <input type="checkbox"/> hobby breeder        | <input type="checkbox"/> friend                           |
| <input type="checkbox"/> humane shelter/SPCA  | <input type="checkbox"/> other (please explain)           |
| <input type="checkbox"/> breed rescue group   | _____   |

Why did you get this pet?

- family pet
- working dog (hunting)
- protection/guard dog
- for breeding

Describe your pet as a puppy/kitten:

- friendly
- shy
- outgoing
- fearful

Is your pet (please check all that apply):

- allow to run free, unsupervised when outside
- always enclosed in a contained area when not on a leash
- leash-walked
- outside, unleashed, but supervised
- outdoors only

How many times is your pet walked per day? \_\_\_\_\_

If your pet is walked, what is the average length of time for each walk (in minutes)? \_\_\_\_\_

Who walks your pet? \_\_\_\_\_

What type of collar/leash do you use to walk your pet? \_\_\_\_\_

What percentage of the day does your pet spend inside?

- 0-25%
- 25-50%
- 50-75%
- 75-100%

Have you had pets before?

- dogs
- cats
- other \_\_\_\_\_
- none

What kind of living situation do you have?

- apartment
- townhouse/condominium
- house with small yard
- house with large yard
- rural/farm property

Is your pet allowed on furniture?

- yes, all furniture
- yes, only specific pieces
- yes, only if invited
- no, but gets on anyway in presence and absence of people
- no, but gets on furniture in absence of people
- no, to my knowledge never gets on furniture

Where is your pet when left home alone?

- free in house
- outside house; describe: \_\_\_\_\_
- in crate
- restricted to certain areas in house

Is your pet fed:

- free choice (bowl is kept full of food)
- one meal per day
- two meals per day
- more than two meals per day

Is your pet fed treats on a daily basis?

- Yes
- No

Do you play with your pet routinely?

- Yes
- No

If yes, describe a typical play episode:

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Describe how you prepare to leave the house when the pet will be left alone. Do you ignore your pet, put it in a crate, say goodbye to pet, etc.?

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**For dogs only:**

What is your dog's obedience school history?

- no school, trained yourself
- puppy kindergarten
- group lessons, basic
- group lessons, advanced
- private trainer at house
- private trainer, sent to trainer

What commands does your dog know and how well?

Sit	perfect	usually	needs work
Stay	perfect	usually	needs work
Lie down	perfect	usually	needs work
Come	perfect	usually	needs work
Heel	perfect	usually	needs work
Fetch	perfect	usually	needs work
Drop it	perfect	usually	needs work
Watch me	perfect	usually	needs work

Is your dog trained to go a certain spot/location (e.g. bed, crate, mat) on a verbal command?  Yes  No

If yes, how reliable is the response?    Perfect    Good    Moderate    Poor

**For Cats Only:**

How many litter boxes do you have?

- 0
- 1
- 2
- 3
- 4
- more than 4

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

- |                                   | Number         |
|-----------------------------------|----------------|
| <input type="checkbox"/> open     | (            ) |
| <input type="checkbox"/> covered  | (            ) |
| <input type="checkbox"/> large    | (            ) |
| <input type="checkbox"/> small    | (            ) |
| <input type="checkbox"/> liner    | (            ) |
| <input type="checkbox"/> no liner | (            ) |

What kind of litter do you put in the boxes (check all that apply)?

- clumping litter
- plain clay
- scented
- unscented
- playground sand
- large pellets
- wheat litter
- cedar chips
- varies with each purchase
- other, please specify: \_\_\_\_\_

Where are the litter box(es) located (check all that apply)?

- closet
- kitchen
- bathroom
- bedroom
- attic
- laundry room
- living room
- basement
- stairwell
- other \_\_\_\_\_

Is your cat declawed?

- no
- yes, front declawed only
- yes, back and front feet declawed

Does your cat use a scratching post?

- Yes
- No

Does your cat have any outdoor access?

- Yes
- No

**Reaction to handling by family members**

Does your pet show aggression in the following circumstances? This can include growling, hissing, snarling (showing teeth), lunging, nipping, snapping, or biting. Please fill in the chart: (Y=yes, N=No, N/A=does not apply). If biting has occurred in any of these circumstances, please describe the wound (tear, puncture, bruising)

	Adult owner (female)	Adult owner (male)	Children	Any specific individual

Handling/grooming						
Petting or hugging						
Disturbed when resting						
Disciplining						
Walking on the lead						
Taking food away						
Taking away other objects						

**Behavioral Problem:**

Please use the chart below to list the behavioral problems(s) that you wish to address and how much of a problem do you consider the behavior to be?

Behavior Problem	Very serious	Serious	Not serious

Describe a typical episode of the behavioral problem (s):

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The behavior occurs \_\_\_\_\_ times per day / week / month

Describe the first incident (including date):

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Describe the most recent episode (including date):

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Has the frequency of the behavior increased / decreased / remained unchanged?

Has the intensity of the problem increased / decreased / remained unchanged?

Have there been any changes in the household (new pet, new family member, scheduling change, etc) if so, describe: \_\_\_\_\_

What have you tried to do to change the problem behavior? Please list all things you have tried whether they have been useful or not.

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Have you considered finding another home for your pet?       Yes       No

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

Is there any other information you would like to add?

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Thank you for taking the time to fill out the history form.  
We look forward to seeing you and your pet!