



Stefanie Schwartz, DVM, MSc, DACVB
 American College of Veterinary Behaviorists
 (949) 342-6644
 www.petbehavior.org

Date: / /

OWNER'S NAME:
 OWNER'S ADDRESS:

Tel #: Home:
 Work:
 Email:

YOUR PET'S PRIMARY CARE VETERINARIAN:

Name of Dr. and Hospital:..... Email:.....
 Mailing Address:..... Fax #:.....

[Referred by:]

PATIENT BEHAVIOR HISTORY

Pet's Name:	Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other: _____	Breed:
Date of Birth: / /	M <input type="checkbox"/> F <input type="checkbox"/> Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/>	Color:
Place Obtained:	Pet's Age at Adoption:	Age at Neuter:

PROBLEM DEFINITION:

1) The main reason for your appointment today is because your pet:

- is AGGRESSIVE
- is URINATING / DEFECATING IN THE HOUSE (dog)
- is DESTRUCTIVE
- OTHER:.....
- has PROBLEMS with LITTER BOX USE (cats)
- is FEARFUL or ANXIOUS
- is TOO VOCAL

2) Your pet's problem behavior began within the last:.....days/wks/mos./years (circle one) and is now:

- WORSE (more frequent &/or intense)
- BETTER (less frequent &/or intense)
- UNCHANGED since it began

3) Your pet's problem behavior is directed at:

- OBJECTS/AREAS IN YOUR HOME, namely:.....
- YOU
- YOUR DOG(S)
- FAMILY MEMBERS, namely:.....
- OTHER DOG(S)
- YOUR CAT(S)
- FRIENDS
- YOUR CAT(S)
- STRANGERS
- OTHER CAT(S)

4) This problem most often occurs:

- In your home
- Anywhere
- When you are home
- In the morning (6am – noon)
- In the evening (6pm –midnight)
- In your car
- In your yard
- In/around your neighborhood
- When you are out
- In the afternoon (noon – 6pm)
- Overnight (midnight – 6am)
- Other:.....

5) The problem now occurs: CONTINUOUSLY OFF & ON ABOUT....TIMES EACH DAY/WK/MO/YR

HOME & FAMILY:

6) If you currently have any other pets, please complete the following:

Cat	Dog	Other	Name	Breed	Age	Gender	Neutered ✓
<input type="checkbox"/>	<input type="checkbox"/>					M <input type="checkbox"/> F <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					M <input type="checkbox"/> F <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					M <input type="checkbox"/> F <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					M <input type="checkbox"/> F <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					M <input type="checkbox"/> F <input type="checkbox"/>	

7) You live in a: PRIVATE HOME APARTMENT CONDO Since when?.....days/wks/mos/yrs

8) Number of ROOMS in your home: Number of LEVELS in your home (including basement):

9) For each person living with you, please complete the following:

First Name	Age	Relationship to You (child, roommate...)

10) You work as aand your work days are: Sun M T W Th F Sat

11) ON A TYPICAL WORK DAY, your pet is ALONE between _____AM/PM and _____AM/PM.

12) WHEN YOU GO **OUT**, where does your pet stay?

- Anywhere in your home
- Outside in the yard (is it fenced in?..)
- In/out via the Pet Door
- Roams free outside
- Anywhere in your home, except:
- Restricted to one room/area:.....
- Kept in a crate/cage in theroom
- Rarely comes inside at all

13) WHEN YOU ARE **HOME**, where is your pet?

- Anywhere in your home
- Outside in the yard (is it fenced in? Y/N)
- In/out via the Pet Door
- Roams free outside
- Anywhere in your home, except:
- Restricted to one room/area:
- Kept in a crate/cage in theroom
- Rarely comes inside at all

FEEDING: 

14) Your pet usually eats in theroom, and is fed:

- Dry Food (kibble) Brand: _____
- Canned Food Brand: _____
- Semi-moist (e.g. Tender Vittles, Gaines burger) Brand: _____
- Prescription diet (for specific health requirements): Home-made diet only
- Table scraps: (How often? Daily Once or twice/wk No more than once a month Never)
- Treats: (Total #/day: ____, Brand(s): _____) Favorite Food/Treat?:

15) At what TIME do you FEED your pet? (check as many that apply)

- MORNING, at about AM
- EVENING, at aboutPM
- AFTERNOON, at aboutPM
- FOOD DISH IS ALWAYS KEPT FULL (free-feeding)


16) Check all that apply to your pet's **APPETITE** or **FEEDING HABITS**:

- Easy to please Finicky Eats quickly Eats slowly Nibbles a bit, comes back later
 Fed separately from other pet(s) in the Inhibited by other pet(s) May vomit soon after eating
 Seems anxious/excited/aggressive at mealtime Always eats the same food
 Is fed by:
 Gets aggressive if approached while s/he eats or food/treat is removed Other:.....

17) Is WATER always available? Yes No, because:

HOUSE TRAINING: 

18) HOUSE TRAINING IS **NOT A PROBLEM** (your pet *always* urinates/defecates in an appropriate location)!

If your pet is a  please go to question #24; if your pet is a , continue with #28)

19) Your pet **URINATES** in an undesirable place. This happens about _____ times a day/week/month and began about _____ days/week(s)/month(s)/year(s) ago.

Your pet **DEFECATES** in an undesirable place. This happens about _____ times a day/week/month and began about _____ days/week(s)/month(s)/year(s) ago.

20) Where do your pet's 'ACCIDENTS' occur most frequently (indicate U or S for urine/stool):

•	•
•	•
•	•
•	•

21) Which of the following applies to your pet's 'ACCIDENTS'? URINE & / or STOOL appears:


- NORMAL NOT NORMAL CAT/DOG STANDS to urinate in undesirable place
 Seems intentional Seems involuntary CAT/DOG CROUCHES to urinate in undesirable place

22) What do you do if you:

- Catch your pet IN THE ACT of voiding indoors?
- Find the 'accident' AFTERWARDS?

23) List the product(s) you use to REMOVE THE STAIN of urine/stool and DEODORIZE the target location:

.....

24) Please check or complete all that applies to your PROBLEM CAT'S **LITTER BOX:** 

- Feces removed times a day/wk/mo Litter filler is completely changed times a day/wk/mo
 Your cat only uses the litter box in bad weather Your cat eliminates outside only

25) What product(s) do you use to clean or disinfect the empty box?
How often do you do this? wk/mo/yr

26) If you have more than one (1) cat, how do you know this particular cat has the litter box problem?.....

.....

38) Check all that apply to your pet:

- NOT PLAYFUL PLAYS OCCASIONALLY PLAYFUL (average) UNUSUALLY PLAYFUL
 PLAYS ALONE PLAYS IF YOU START FIRST INVITES YOU TO PLAY

39) Which of the following games does your pet play (*mark the favorites with a **):

- TUG OF WAR with FETCH(retrieves objects) HIDE & SEEK
 WRESTLES with BALLS (what type?.....) RACES AROUND as if crazy
 STEALS OBJECTS SO YOU WILL CHASE HIM/HER OTHER:



40) How do you know when your pet:

- WANTS TO PLAY WITH YOU?
- WANTS TO GO OUTSIDE/COME BACK INSIDE?
- IS HUNGRY/WANTS A TREAT?

41) Your pet RUNS AWAY FROM HOME times a day/wk/mo/yr when

42) When you RETURN HOME, your pet:

- DOES NOT GREET YOU HIDES ACTS GUILTY ROLLS OVER URINATES
 IS VERY EXCITED JUMPS BARKS/MEOWS OTHER

If your pet is a , please go to question #53 ; if your pet is a , please answer the next question #43.

43) Please complete all information that applies to your dog's **WALKS OFF OF YOUR PROPERTY** and **YARD OUTINGS:** 

- DOG NEVER WALKED DOG ROAMS FREE ROUTE VARIES ROUTE CONSTANT
 WALKS OCCUR: BEFORE MEALS AFTER MEALS IN GOOD WEATHER ONLY WEEKENDS ONLY
 LEASH IS: ON OFF

TIME OF WALK	DURATION	WITH WHOM?

WE HAVE NO YARD (skip to #44)

YARD IS IN: FRONT BACK SIDE

TYPE OF FENCE:.....

YARD IS FENCED: COMPLETELY PARTIALLY NOT AT ALL

TIME OF YARD OUTING	DURATION	SUPERVISED?

- 44) Your dog's **LEASH** isft. long and is: Leather Metal Nylon Canvas Rope Retractable
- 45) What kind of **DOG COLLAR** does your dog wear a) for walks:..... b) around the house
- 46) The things you do NOT ENJOY about walking your dog include:

- The way s/he pulls on the leash Takes too much of your time
 Going out in bad weather Going out at night
 Your dog's aggression (lunges/jumps/barks/growls) toward
 Other:

DOG TRAINING: 

- 47) How old was your current dog when you began OBEDIENCE TRAINING?wks/mos/yrs
- 48) Have you done formal obedience training with previous dogs? NO YES
 How long ago?mos/yrs
- 49) Did you go to **OBEDIENCE SCHOOL** (group classes)? NO YES, forwks/mos
- 50) Did you have PRIVATE CLASSES? NO YES, forwks/mos
 Did you do any special kind of training? NO YES, for ...wks/mos
 Have you ever sent your dog away from home for training? NO YES, forwks/mos
- 51) What are the **5 BASIC COMMANDS** of dog obedience: 1)
 2)
 3)
 4)
 5)
 Don't know
 Are there really 5? (yup ☺; we can review these later, don't worry!)
- 52) What OTHER commands do you regularly use? 1)
 2)
 3)
 4)
 5)

SHYNESS, ANXIETY & FEARS: 

- 53) List the things, individuals or situations in which your pet is ANXIOUS or AFRAID (please show most important with a *):

- 54) Describe your pet's reaction to the MOST FRIGHTENING thing on the list:

- 55) Describe your pet's reaction to the LEAST FRIGHTENING thing on the list:

AGGRESSION: 

56) Your pet growls/snarls/hisses/bites/barks/scratches when (mark the most serious with a *):

Your response to this is usually to:

- In the car
- People/dogs/cars pass your home
- The mailman comes
- Friends visit your home
- You pet/brush/touch your pet's.....
- A stranger comes to your door
- You remove a favorite toy or other object, namely.....
- You surprise/disturb your pet
- At the veterinary clinic
- You pick up or hold him/her
- Other:

Toward what person/people does your pet react most aggressively?

MEDICAL HISTORY:

57) Within the PAST 12 MONTHS, has your pet been:

- | | Yes | No |
|--|--------------------------|---------------------------------------|
| On medication (incl. Heartworm/Flea/Tick control)? | <input type="checkbox"/> | <input type="checkbox"/> Which? |
| Vaccinated | <input type="checkbox"/> | <input type="checkbox"/> |
| Examined by a veterinarian? | <input type="checkbox"/> | <input type="checkbox"/> |
| Checked for intestinal parasites (stool sample?) | <input type="checkbox"/> | <input type="checkbox"/> |
| Tested for heartworm disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Tested for Feline Leukemia or other feline diseases? | <input type="checkbox"/> | <input type="checkbox"/> |
| Admitted to a veterinary hospital? | <input type="checkbox"/> | <input type="checkbox"/> Why? |

58) Has your pet EVER been:

- | | | |
|---|--------------------------|---|
| Sick? | <input type="checkbox"/> | <input type="checkbox"/> Diagnosis? |
| On any medication, alternative treatment or supplement? | <input type="checkbox"/> | <input type="checkbox"/> Specify: |
| Hit by a car? Injured? | <input type="checkbox"/> | <input type="checkbox"/> Specify: |
| Diagnosed with a congenital abnormality? | <input type="checkbox"/> | <input type="checkbox"/> Specify: |
| On a special diet? | <input type="checkbox"/> | <input type="checkbox"/> Specify: |

59) PSYCHOACTIVE DRUG TREATMENTS attempted:

Psychoactive Medication or Alternative Treatment	How much & How often	Date Started	Date Discontinued	Describe Your Pet's Response

YOUR EXPECTATIONS: 

59) How do you want your pet to change as a result of this consultation?

60) I STILL LOVE MY PET THE WAY I USED TO I AM FALLING/HAVE FALLEN OUT OF LOVE WITH MY PET

61) What will you do if your pet's problem behavior does not improve quickly enough to meet this goal?

- CALL DR. SCHWARTZ SCHEDULE A RECHECK WITH DR. SCHWARTZ FIND ANOTHER HOME
 RETURN THE PET TO: EUTHANASIA (humane destruction) OTHER:.....

62) On a **scale of 1 to 5** (1 = *No feeling* and 5 = *Most intense*) please circle the rating that best describes *how you feel* about your pet & his/her misbehavior:

- ANGRY 1 2 3 4 5 At whom? SAD 1 2 3 4 5 STRESSED 1 2 3 4 5
 FRUSTRATED 1 2 3 4 5 SCARED 1 2 3 4 5 Of what?

Thanks for all your helpful information. All details on this form and during our discussions are confidential. Dr. Stefanie Schwartz