

# WESTARBOR ANIMAL HOSPITAL

## Behavioral Consultation Questionnaire

Date:

Client Name:

Pet Name:

### GENERAL INFORMATION:

1. Where did you obtain your pet?
2. Do you know any history about where your pet came from, environment, previous owners, etc?
3. Time spent: indoors\_\_\_\_% outdoors\_\_\_\_%
4. Is your pet left alone during the day?  YES  NO If so, how long?\_\_\_\_\_
5. What are you feeding your pet? Brand\_\_\_\_\_ Amount:\_\_\_\_\_ Times per day:\_\_\_\_\_ Treats:\_\_\_\_\_
6. Are you giving any additional supplements to your pet that the Doctor may not be aware of?  
 YES  NO If so, what and how much?\_\_\_\_\_
7. What types of toys does your pet play with?
8. What amount of exercise does your pet get each day?
9. What persons are in your pet's daily environment?
10. Does your pet get along with other animals?  YES  NO

### APPOINTMENT SPECIFIC INFORMATION:

1. What is your pet's primary behavioral problem?
2. When did this problem start?
3. What do you think caused the problem?
4. Describe any changes in the home or the pet's health when the problem first started:
5. Describe the severity of the behavioral problem:
  - a. Mild
  - b. Moderate
  - c. Severe
  - d. I will not be able to keep my pet if the problem persists.
  - e. I will have my pet euthanized if the problem persists

f. I plan to relinquish my pet if the problem persists

6. Describe the situation in which the problem behavior is most likely to occur:

7. Describe the frequency of the problem:

8. What has been done so far to correct the problem?

9. Has your pet had any formal obedience training?

YES  NO  Class  Private Instruction  I trained my pet myself

8. Please describe the type/method of training:

9. Do you consider the training to have been successful?  YES  NO Why?

10. Have you seen any other Veterinary professionals about this behavior?  YES  NO

11. What goals do you hope to accomplish by visiting us for this problem today?

12. If aggression is the main problem, has your pet bitten anyone?  YES  NO

a. How many people?

b. Over what length of time?

13. Are you open and willing to attend training classes or consult a trainer regarding your pet's behavior problem.  YES  NO

14. Has your pet had any diagnostics (bloodwork/radiographs etc) in the last 6 months to rule out a medical condition as cause for the unwanted behavior?  YES  NO If so, what?

15. Please Indicate any other behavior problems:

House soils  Shy  Pulls hard on leash  Eats stool  
 Jumps up  Pacing  Unruly  Sexual  
 Chewing  Aggressive  Bites  Barking  
 Fights  Grooming Habits  Digging  Runs away  
 Sleep Habits  Scratching  Swallows non food items  
 Other:

16. Is there anything else we should know about your pet?