



### **CONFIDENTIAL PET BEHAVIOR HISTORY QUESTIONNAIRE**

*(Note: This information is for Call Ms Behaving use only and your private information will not be given out without your permission except as required to communicate with parties such as your primary care veterinarian after the appointment)*

Pet behavior problems can be difficult and frustrating to correct. The information you provide is very important for assessing and treating your pet's behavior problems. Please fill out this form as completely and accurately as possible ("help us help you"). If questions clearly do not apply (e.g. obedience training for cats) you are welcome to skip the question, but please answer all those possible, even if you feel it may not be relevant!

Please answer questions in as descriptive detail as possible (word pictures of what is happening). Also, be sure to get this and the liability waiver back to me by (fax to 760-295-1058 or e-mail to [francine@callmsbehaving.com](mailto:francine@callmsbehaving.com)) ASAP (at least 48 hrs prior to appointment) and have the originals available for the consultation. Thank you.

Date:

Owner Name:

Address:

Type & size of residence (e.g. 2 story 1800 sq ft house)

Yard size & fencing (e.g. medium yard- 6 ft solid wood fence)

Home Phone\*:

Cell Phone\*:

\*If a phone consult, please indicate which number I should use.

Skype User ID:

Fax:

E-mail (*important*):

Family veterinarian/Name of clinic:

Referred by:



**GENERAL PET INFORMATION**

Pet's name: \_\_\_\_\_ Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Other: \_\_\_\_\_

Age: \_\_\_\_\_ years Sex: M F Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

**Neutered / Spayed:**  yes  no. **At what age?**

Where did you obtain this pet? friend, breeder, pet shop, humane society, other:

At what age:

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

Time spent indoors: \_\_\_\_\_ % outdoors: \_\_\_\_\_ %

Is this pet left alone during the day? \_\_\_\_\_ How long? \_\_\_\_\_

In precisely what area of the house or yard is the pet kept:

- a. during the **day**:
- b. during the **night** (describe exactly where pet sleeps):
- c. when pet is left **alone** (where is pet?):
- d. when **guests** visit::

Describe the pet's **personality**:

Diet: \_\_\_\_\_ % dry Brand: \_\_\_\_\_  
\_\_\_\_\_ % canned Brand: \_\_\_\_\_  
\_\_\_\_\_ % table scraps Supplements: \_\_\_\_\_

When is the pet fed? morning noon night other: \_\_\_\_\_ By whom?

How long is food left down for pet? \_\_\_\_\_ N/A: pet gulps down immediately:

Describes the pet's behavior:

- a. just prior to your departure:
- b. just after your return: .

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

Call Ms Behaving  
Phone: 858-248-1410 \* Fax: 760-295-1058  
francine@CallMsBehaving.com



List all **medication** currently being taken by this pet:

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	Age Adopted	Gender	Spayed/ Neutered? (and at what age)
------	-------	-----	-------------	--------	--

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? 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





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.