

## Behaviour consultation questionnaire

Welcome to the Croydon Pet Hospital and thank you for booking your pet in for a behaviour consultation. Our aim is to help you understand why your pet is behaving the way it is and to offer treatment and solutions to improve your pet's quality of life. To ensure we provide the best advice, we need as much information as possible about you, your pet and the environment in which you both live. Please fill in the following questionnaire accurately and completely. The information you provide will be very important for diagnosing and formulating a behavioural modification program and treatment plan for your pet. In addition, a blood and urine test will be recommended during the consultation for investigation of medical conditions and to provide us with a base line before commencing behavioural medication(s), if your vet recommends it.

Please return this form at least 48 hours prior to your appointment. Appt time \_\_\_\_\_ Date \_\_\_\_\_

If the forms are not received 48 hours prior to the appointment time, you may be requested to reschedule.

*The behaviour consultation runs for 60minutes, so please bring along some your pet's favourite toys, treats and mat (if your pet has been mat trained) to help make your pet comfortable during the consultation.*

### General information

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Referred by / How did you hear about us? \_\_\_\_\_

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

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ years Colour: \_\_\_\_\_

Sex: M / F Weight: \_\_\_\_\_

Neutered / spayed: Y  N  If yes, at what age? \_\_\_\_\_

At what age did you obtain your pet? \_\_\_\_\_

Where did you obtain your pet? E.g. friend, breeder, pet shop, humane society, other

For what purpose was this pet obtained? E.g. companionship, protection, breeding, show, other

Diet: \_\_\_\_\_ % dry- Brand: \_\_\_\_\_ When is the pet fed? \_\_\_\_\_

\_\_\_\_\_ % canned- Brand: \_\_\_\_\_ By whom? \_\_\_\_\_

\_\_\_\_\_ % table scraps. Details: \_\_\_\_\_ Supplements: \_\_\_\_\_

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

Is this pet left alone during the day? Y  N  If yes, how long? \_\_\_\_\_

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

Family at home: \_\_\_\_\_

Family away: \_\_\_\_\_

Family asleep: \_\_\_\_\_

Guests are visiting: \_\_\_\_\_

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

Describe your pet's personality:

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Describe your pet's behaviour:

a. just prior to your departure

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b. just after your return

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What toys/types of play does your pet enjoy?

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What amount of exercise or opportunity to exercise is given to your pet?

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Does he or she run free in the neighbourhood? \_\_\_\_\_ How often? \_\_\_\_\_

Has this pet had any formal obedience training? Y  N  Class  Private instructor  I trained my pet at home

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

Grade the success: failed  fair  good  excellent

Please describe the type of training:

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What will your pet do on command?

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Does this pet get along with other animals? Y  N  If not, please explain:

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How does your pet react to unfamiliar people?

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

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List the number of other pets in the home:

Cats: female intact \_\_\_\_\_  
female spayed \_\_\_\_\_  
male intact \_\_\_\_\_  
male neuter \_\_\_\_\_

Dogs: female intact \_\_\_\_\_  
female spayed \_\_\_\_\_  
male intact \_\_\_\_\_  
male neuter \_\_\_\_\_

Other:

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### **Medical history:**

Date of last physical exam: \_\_\_\_\_

List all major surgical or medical problems and approximate dates:

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List all medications (dosage size in mg, schedule, and duration) that have been prescribed for a behaviour problem and the results:

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

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**Behaviour problem information:**

Please describe your pet's behaviour problem(s):

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

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Where and under what circumstances was each problem first noted?

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

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<b>The problems occur:</b>	<b>always</b>	<b>usually</b>	<b>rarely</b>	<b>never</b>
- when the pet is left alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- in the presence of the family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- during the night when the family sleeps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Frequency of occurrence: \_\_\_\_\_ times per day \_\_\_\_\_ times per week \_\_\_\_\_ times per month \_\_\_\_\_ times per year

Has there been a change in the frequency or appearance of the problem? \_\_\_\_\_

Please describe:

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What has been done so far to correct this problem?(e.g., discipline, confine, obedience training)

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What was the pet's response to the correction?

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Were there any significant changes in this pet's environment prior to the appearance of this problem?

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| <input type="checkbox"/> Moved or redecorated    | <input type="checkbox"/> Change in family schedule          |
| <input type="checkbox"/> Boarded                 | <input type="checkbox"/> New family member / roommate / pet |
| <input type="checkbox"/> Visitors (human or pet) | <input type="checkbox"/> Other                              |
| <input type="checkbox"/> Diet change             |   |

How did these changes affect your pet?

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Please indicate any other behaviour problems:

- |  |                                     |   |  |
|--|-------------------------------------|---|--|
| <input type="checkbox"/> house soils             | <input type="checkbox"/> shy        | <input type="checkbox"/> play                   | <input type="checkbox"/> pulls hard on leash |
| <input type="checkbox"/> destructive chewing     | <input type="checkbox"/> eats stool | <input type="checkbox"/> jumps on people        | <input type="checkbox"/> other               |
| <input type="checkbox"/> feeding                 | <input type="checkbox"/> pacing     | <input type="checkbox"/> unruly                 |  |
| <input type="checkbox"/> sexual                  | <input type="checkbox"/> aggressive | <input type="checkbox"/> bites                  |  |
| <input type="checkbox"/> grooming                | <input type="checkbox"/> barking    | <input type="checkbox"/> fights                 |  |
| <input type="checkbox"/> digging                 | <input type="checkbox"/> learning   | <input type="checkbox"/> runs away              |  |
| <input type="checkbox"/> swallows non-food items | <input type="checkbox"/> sleep      | <input type="checkbox"/> destructive scratching |  |

Please describe all situations which are likely to elicit aggressive behaviour, such as growling, nipping, biting, attacking, (e.g., petting, approached by adults, approached by children, only when in the car, reaching for, punishing, pushing, taking food or toys away, disturbed while sleeping):

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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:

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## House soiling data sheet

What percentage of the elimination incidents in the home are Urine \_\_\_\_\_% Stool\_\_\_\_\_%

Does this pet urinate when petted? Y  N  When excited? Y  N  When scolded/punished? Y  N

	NO	YES	
- upright surfaces (walls, sides of furniture, drapes)	<input type="checkbox"/>	<input type="checkbox"/>	_____ % upright
- horizontal surfaces (floor, top of counters or furniture)	<input type="checkbox"/>	<input type="checkbox"/>	_____ % horizontal

Is there a preference for secluded areas (e.g., closets, under furniture)?  NO  YES

Do strays or pets from other households frequently visit or call outside windows, doors, or in the yard?  NO  YES

Surface preference for inappropriate elimination:

Rugs  clothing  paper  soil  linoleum or other hard surfaces   
other \_\_\_\_\_ no preference

Age when housetrained \_\_\_\_\_. Never housetrained

Method of training:

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Outcome of training:

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## Medical history

	No	Yes	Dates:
Has this pet ever had cystitis (urinary bladder infection)?	<input type="checkbox"/>	<input type="checkbox"/>	
Does any straining or pain accompany urination?	<input type="checkbox"/>	<input type="checkbox"/>	
Does any straining or pain accompany defecation?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you noticed blood in the urine?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you noticed blood in the stool?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there an increased frequency of urination?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there an increased frequency of defaecation?	<input type="checkbox"/>	<input type="checkbox"/>	
Has there been an increase in water consumption?	<input type="checkbox"/>	<input type="checkbox"/>	
Has there been an increase in the amount of urine voided?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the stool have an abnormal appearance?	<input type="checkbox"/>	<input type="checkbox"/>	

Date of last urinalysis: \_\_\_\_\_ Result: \_\_\_\_\_

## Litterbox information (cats)

No                      Yes

Has this pet ever eliminated consistently in the litterbox?                         

When indoors, the pet defecates in the box                      \_\_\_\_ % of the time    Never defecates in the box

When indoors, the pet urinates in the box                      \_\_\_\_ % of the time    Never urinates in the box

How many litterboxes are available? \_\_\_\_\_

How many are covered boxes? \_\_\_\_\_

How often is the litterbox cleaned? \_\_\_\_\_

Type of litter used in the litterbox:    Standard     Clay     Clumping     Other \_\_\_\_\_

Brand of litter used? \_\_\_\_\_

How long has this brand been used? \_\_\_\_\_

Where is (are) the litterbox(s) kept? \_\_\_\_\_

**Please draw a diagram of your house on the back of this form.**

Indicate areas of inappropriate urination, defecation, urine spraying, litterbox positions (cats) and feeding areas