

Behavioral History for Consultation
Connecticut Humane Society

Client Name:
Address:
City, Zip:
Phone (H):
(C):

Pet Name:
Animal ID:
Breed:
Sex:
Age:

Color:
Weight:

Email:

Animal Hospital:
Veterinarian:
Address:
Phone Number:

Please fill out the following questions as accurately as possible. This questionnaire is designed for both dogs and cats, so some questions may not apply to you and your pet. Please refrain from labeling your pet's behavior and instead make objective observations to the best of your ability. For example, rather than stating, "My dog has separation anxiety," write "My dog chews on my furniture when I leave, urinates in the crate and barks for hours." This will aid us in determining exactly what is going on with your pet. Also, please be aware it is not atypical for us to request you take your animal to see your veterinarian. Many behavior issues are a result of underlying medical conditions and can easily be remedied with the appropriate treatment.

Precipitating Reason for Behavior Consult:

Animal's Medical History:

Is your animal altered? yes no

If yes, at what age was the surgery performed?

If not altered by CHS, what was the reason for the procedure?

Any behavior changes after procedure?

Please provide dates for most recent vaccinations, if applicable. Please note vaccinations listed are for either dogs or cats:

Rabies:

Distemper/Parvo:

Lyme:
Felv:
Check/list current medications:

Bordatella Pertussis:
FIV:

Heartworm prevention
Flea/tick/mite control
Antihistamine
Antiinflammatory
Thyroid hormone
Antibiotic
Other

If any medications checked, please specific type/brand:

List any conditions for which your pet has been treated, medication prescribed, and approximate dates:

Describe how your pet behaves at the veterinary office and while being examined.

Has this pet ever been to the groomer and, if so, how does he/she behave?

Background Information:

Date (approximate) you acquired your pet:

Pet's age at adoption:

Do you know why your pet was surrendered to CHS? Please describe.

If applicable, what characteristics describe your pet as a puppy/kitten (shy, happy, skittish, pushy, etc.)?

Why did you adopt this pet?

What types of pets have you owned in the past?

Home Environment:

Check which best describes your home:

- Apartment Townhouse
Condo in multi-unit building Single-family home
Multi-family home Other:

Have you relocated since you've owned this pet? yes no
If yes, please list approximate dates and describe last home (apartment, single-family, etc.).

List all members of your household, ages and approximate time per day away from the home:

	Name	Age	Hours Away
1			
2			
3			
4			
5			

Please list all household pets in order acquired:

	Name	Species	Breed	Sex	Age	Age Acquired
1						

2						
3						
4						
5						

Please describe your pet's relationship with other animals in the household:

Management and Routine:

Please describe a typical 24-day in the life of your pet:

What percent of the day does your animal spend outdoors?

How is your animal contained/supervised outdoors (fenced yard, tie out, leash only, unsupervised, etc.)?

Where does your pet sleep at night?

What is your pet's favorite resting spot at home?

Is your pet allowed on the furniture? yes no

If so, which furniture does he/she have access to? Is this access continuous or regulated (only when owner is home, allowed on furniture all the time, etc.)

Describe your pet's favorite toys:

Describe any interactive games that you play with your pet and note frequency:

Does your pet typically follow you from room to room? yes no

Does your pet have unlimited access to the house when you are not home?
 yes no

If no, please describe the type of confinement:

How does your animal behave when you prepare to leave?

How does your animal behave when you return home?

Would you consider your animal destructive? yes no
If yes, please describe:

What types of items does your animal chew/scratch?

What specific brand and type of food do you feed your pet?

How long has your pet been fed this diet?

Number of meals per day and amount per feeding:

Which family members are responsible for feeding?

Location of bowls:

If living with other pets, where do other pets eat?

Describe any pertinent feeding routine information:

When does your pet eat table scraps? Never
Please describe:

What is your pet's favorite treat?

Do you ever use feeder/puzzle toys for your pet? yes no
If yes, when and describe:

Please describe your pet's overall activity level:

Behavioral Details:

Describe your pet's reaction to thunderstorms:

Does your pet react to other noises? Describe.

How does your pet react to strangers? Describe.

What type of formal training have you done with your pet?

What type of informal training have you done with your pet?

What type of collar/harness do you use for your pet?

In what situations are these tools used?

Is your pet currently involved in any extracurricular activities (agility competitions, flyball, freestyle, etc.)?

Does your pet attend a daycare/boarding facility or has he/she in the past?

yes

no

Please describe facility (include name and phone number if possible):

Why did you decide to have your pet attend this facility?

If no longer attending facility, why does your pet no longer attend?

Please indicate if your pet has done any of the following *Frequently, Sometimes, Rarely, Never* if applicable.

Does your pet jump on family members or others without permission? Frequently

Does your pet bark at family members?Frequently

Does your pet bark excessively?Frequently
Describe.

Does your pet groom him/herself excessively?Frequently
Describe.

Does your pet urinate/defecate in unacceptable locations?Frequently
Describe.

Please describe the main behavior problem or complaint in detail:

Describe a typical episode:

Please answer the following questions regarding the main behavioral problem:

When did you first notice the problem?

Describe the first incident in detail.

Describe the most recent episode (including approximate date):

Have there been any changes to your household within 3 months of the onset of the problem? Include status of household pets, members of household, change of employment or schedule.

Has the frequency of intensity of the problem behavior changed since the problem started? If so, how and when?

What measures have you taken to correct/manage the problem? Please be as specific as possible and describe every step you have taken to correct the problem. Please note if these attempts have improved or worsened the behavior.

When this behavior problem occurs, what typically happens BEFORE the problem behavior?

When this behavior problem occurs, how do you respond? Is your response immediate or delayed?

How do you generally discipline your pet?

How does he/she respond to this discipline?

Please list any other behavioral problems or concerns you experience with your pet. Include the frequency and circumstances of the behavior.

Please answer the following questions if your pet has bitten a person:

Please indicate the age of your pet and circumstances surrounding the first snap or bite:

Number of bites requiring medical attention:

Who were the targets of the aggression?

Body parts bitten?

Is the aggression predictable? yes no unsure

Do the attacks appear provoked? yes no unsure

Is the pet docile after the bite? yes no unsure

Does he appear disoriented afterward? yes no unsure

Does he appear apologetic afterward? yes no unsure

Do you notice a glazed expression during an attack? yes no unsure

How does your pet behave towards visitors?

Familiar visitor:

Unfamiliar visitor:

Children:

(Dogs only)

Does your dog ever mount people? yes no

Dogs yes no

Furniture yes no

Please note any other pertinent information you would like to discuss with the behavioral technician:

Please fill out the following information if your cat is exhibiting inappropriate elimination or urine marking:

Please explain when this behavior first occurred?

What have you done so far to remedy this problem? Please be as specific as possible.

Have you spoken to your veterinarian regarding this behavior? Please explain.

Litter box avoidance is often due to a new stress in the cat's environment. Listed are examples of household changes that could potentially create stress. Check all that apply:

New cat in household

Recently lost a pet in household

New dog in household

Someone recently left household

New person in household

Moved to a new home

Home has undergone renovation The cat was previously an outdoor cat

Other:

Does the cat urinate a small amount often or large amounts all at once?
Small amount often

Please explain:

Does this cat urinate on vertical or horizontal surfaces? Vertical

Does this cat have a history of urinary tract infections (UTI) or urinary crystals? UTI

If so, has this cat ever been on a special diet for urinary health? Please note which diet.

How many cats are in your household?

How many litter boxes do they have?

Are any of the boxes covered? yes no

Please explain.

Where are the litter boxes located?

Is this a high traffic area in your home?

Do you use box liners and are they scented?

What type of litter do you use? Please explain if it is clumping, scented, etc.

How often do you scoop the litter box?

How often do you replace the litter?

How often do you wash the box itself?

Do you use any litter deodorants?

Will this cat use a litter box that other cats use? yes no

Explain:

Will this cat immediately use a freshly cleaned litter box? yes no unsure

Does this cat cover its urine or feces or immediately leave the litter box?

After eliminating, does this cat scratch outside of the box or only inside?

What areas (locations and frequency of use) are used for elimination? Please be as specific as possible.

Does the animal ever use a shower, bath tub or sink for elimination? yes no

If yes, how frequently and did this start recently?

Is your cat allowed on the furniture and/or counter tops?

If no, why is he/she not allowed?

Do you have any climbing furniture for your cat in the home? yes no

Please describe.