



History Form

Please complete and return as soon as possible prior to your appointment. You may return by mail, fax or email.

Owner Informations:

Name: _____

Address: _____

Phone: Home: _____ Work: _____

Cell: _____

Email: _____

Best method to contact: _____

Patient Information:

Name: _____ Age: _____

Gender: Male Female Neutered/Spayed: Yes No

Species: Canine Feline

Breed: _____

Medical History:

When was the last physical examination performed on your pet? _____

Have there been any medical tests performed associated with the behavioral problem? Yes No

If yes, please obtain a copy of all medical tests performed and submit with this form.

Is your pet spayed or castrated (neutered)? Yes No

1. If yes, at what age? _____

2. If yes, reason for procedure? routine/attempt to modify behavior/other

3. If no, are you planning on breeding your pet? Yes No

Are vaccinations, including rabies vaccination, current? Yes No

List any medications that your pet has received in the past month or is currently taking:

List any medications, including homeopathic remedies, that your pet has ever received for the treatment of a behavioral problem:



Does your pet have any preexisting or current medical problems?

- Yes
 No

If yes, please list: _____

Has your pet ever had a seizure?

- Yes
 No

Household Information:

Please list all members of your household, include ages of children and hours away from home.

Name	Gender	Age	Relationship (self, husband, wife, etc.)	Hours away/day

Please list all household pets, including the patient, in the order acquired:

Name	Species	Breed	Gender	Age	Age acquired

Background Information:

How old was your pet when you first acquired him/her? _____

Where did you acquire this pet from?

- | | |
|---|---|
| <input type="checkbox"/> stray/found | <input type="checkbox"/> humane shelter/SPCA |
| <input type="checkbox"/> professional breeder | <input type="checkbox"/> breed rescue group |
| <input type="checkbox"/> hobby breeder | <input type="checkbox"/> newspaper adoption (not breeder) |
| | <input type="checkbox"/> pet store |
| | <input type="checkbox"/> friend |
| | <input type="checkbox"/> other (please explain) _____ |



Why did you get this pet?

- family pet
- working dog (hunting)
- protection/guard dog
- for breeding

Describe your pet as a puppy/
kitten:

- friendly
- shy
- outgoing
- fearful

- aggressive
- playful
- other_____

Is your pet (please check all that apply):

- allowed to run free, unsupervised when outside
- always enclosed in a contained area when not on leash
- leash-walked
- outside, unleashed but supervised
- outdoors only

How many times is your pet walked per day?_____

If your pet is walked, what is the average length of time for each walk
(in minutes)? _____

Who walks your pet?_____

What type of collar/leash do you use to walk your pet?_____

What percentage of the day does your
pet spend inside?

- 0-25%
- 25-50%
- 50-75%
- 75-100%

Have you had pets before?

- dogs
- cats
- other
- none

What kind of living situation do you
have?

- apartment
- townhouse/condominium
- house with small yard
- house with large yard
- farm/rural property

Is your pet allowed on furniture?

- yes, all furniture
- yes, only specific pieces
- yes, only if invited
- no, but gets on anyway in presence and absence of people
- no, but gets on furniture in absence of people
- no, to my knowledge never gets on furniture

Is your pet fed:

- free choice (bowl is kept full of food)
- one meal per day
- two meals per day
- more than two meals per day

Where is your pet when left home alone?

- free in house
- outside house; describe:_____
- in crate
- restricted to certain areas in house

Is your pet fed treats on a daily basis?

- Yes
- No



Do you play with your pet routinely? Yes No
If yes, describe a typical play episode:

Describe how you prepare to leave the house when the pet will be left alone. Do you ignore your pet, put it in a crate, say goodbye to pet, etc.?

For Dogs Only:

What is your dog's obedience school history?

- no school, trained yourself
- puppy kindergarten
- group lessons, basic
- group lessons, advanced
- private trainer at house
- private trainer, sent to trainer

What commands does your dog know and how well (circle)?

- | | | | | |
|----------|---------|---------|-------|------|
| sit | perfect | usually | needs | work |
| stay | perfect | usually | needs | work |
| lie down | perfect | usually | needs | work |
| come | perfect | usually | needs | work |
| heel | perfect | usually | needs | work |
| fetch | perfect | usually | needs | work |
| drop it | perfect | usually | needs | work |
| watch me | perfect | usually | needs | work |

Is your dog trained to go to a certain spot/location (e.g., bed, crate, mat) on a verbal command? Yes No

If yes, how reliable is the response?

Perfect Good Moderate Poor

For Cats Only:

How many litter boxes do you have?

- 0
- 1
- 2
- 3
- 4
- >4

Describe the litter boxes (check all that apply and put in parentheses the number of boxes for which the description is true):

- | | Number |
|-----------------------------------|--------|
| <input type="checkbox"/> open | () |
| <input type="checkbox"/> covered | () |
| <input type="checkbox"/> large | () |
| <input type="checkbox"/> small | () |
| <input type="checkbox"/> liner | () |
| <input type="checkbox"/> no liner | () |



What kind of litter do you put in the boxes (check all that apply)?

- clumping litter
- plain clay
- scented
- unscented
- playground sand
- large pellets
- wheat litter
- cedar chips
- varies with each purchase
- other, please specify: _____

Is your cat declawed?

- no
- yes, front declawed only
- yes, back and front feet declawed

Where are the litter box(es) located (check all that apply)?

- closet
- kitchen
- bathroom
- bedroom
- attic
- laundry room
- living room
- basement
- stairwell
- other _____

Does your cat use a scratching post?

- yes
- no

Does your cat have any outdoor access?

- yes
- no

Reaction to handling by family members

Does your pet show aggression in the following circumstances? This can include growling, hissing, snarling (showing teeth), lunging, nipping, snapping, or biting. Please fill in the chart: (Y = Yes, N = No, N/A = doesn't apply). If biting has occurred in any of these circumstances, please describe the wound (tear, puncture, bruising).

	Adult owner (female)	Adult owner (male)	Children	Any specific individual
Handling/grooming				
Petting or hugging				
Disturbed when resting				
Disciplining				
Walking on the lead				
Taking food away				
Taking other objects				



Behavioral Problem:

Please use the chart below to list the behavioral problem(s) that you wish to address, and how much of a problem do you consider the behavior to be?

Behavior Problem	very serious	serious	not serious

Describe a typical episode of the behavioral problem(s):

The behavior occurs _____ times per day / week / month
Describe the first incident (including date):

Describe the most recent episode (including date):

Has the frequency of the behavior increased / decreased / remained unchanged? _____

Has the intensity of the problem increased / decreased / remained unchanged? _____

Have there been any changes in the household (new pet, new family member, schedule change, etc.)? if so, describe: _____

What have you tried to do to change the problem behavior? Please list all things you have tried whether they have been useful or not. _____

Have you considered finding another home for your pet? Yes No

Have you considered euthanasia (putting your pet to sleep)? Yes No

Is there any other information you would like to add? _____