



Dauphin Veterinary Clinic

Behaviour History Form

This form is not a comprehensive history form, but a general guide for history taking. Keep in mind that more than one problem may be present in each case. Please bring this with you when you make an appointment with your veterinarian, to rule out any possible underlying medical conditions.

Owner Information:

Name: _____

Address: _____

Phone: Home: _____ Work: _____

Cell: _____

Email: _____

Best method to contact: _____

Patient Information:

Name: _____

Age: _____

Gender: Male Female

Neutered/Spayed: Yes or No

Species: Canine Feline

Breed: _____

Medical History:

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

Has your veterinarian performed any medical tests that have been associated with behavioural problems?
Yes or No

If yes, please notify your veterinarian, or if you have changed veterinarians, obtain a copy of the tests performed and submit them with this form.

If your pet is spayed, or neutered:

1. At what age were they spayed or neutered? _____

2. What was the reason for the procedure?

Routine Attempt to modify behaviour Other

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

Are vaccinations, including rabies vaccine, current? Yes or No

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

List **ALL** medications, including homeopathic remedies, that your pet has ever received for the treatment of a behavioural problem:

1. Does your pet have any preexisting, or current, medical conditions? Yes or No
 If yes, please list: _____

2. Has your pet ever had a seizure? Yes or No

Household Information:

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

Name	Gender	Age	Relationship	Hours away/day

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

Name	Species	Breed	Gender	Age	Age acquired

Background Information:

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

2. Where did you acquire this pet from?

- | | |
|---|---|
| <input type="checkbox"/> Stray/found | <input type="checkbox"/> Breed rescue group |
| <input type="checkbox"/> Professional breeder | <input type="checkbox"/> Newspaper adoption (not breeder) |
| <input type="checkbox"/> Hobby breeder | <input type="checkbox"/> Pet store |
| <input type="checkbox"/> Humane shelter/SPCA | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Other (please explain) _____ | |

3. Why did you get this pet?

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Family pet | <input type="checkbox"/> Working dog (hunting) | <input type="checkbox"/> Protection/guard dog |
| <input type="checkbox"/> Breeding | | |

4. Describe your pet as a puppy/kitten (if applicable):

- Friendly Shy Outgoing Fearful
 Aggressive Playful Other _____

5. 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

6. How many times is your pet walked per day? _____

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

8. Who walks your pet? _____

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

10. What percentage of the day does your pet spend inside?

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

11. What kind of living situation do you have?

- Apartment Townhouses/condominium
 House with small yard Farm/rural property
 House with large yard

12. Have you had pets before?

- Dogs Cat Other None

13. Is your pet allowed on your 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

14. Is your pet fed:

- Free choice (bowl kept full of food) One meal per day
 Two meals per day More than two meals per day

15. Is your pet fed treats, on a daily basis? Yes or No

16. Where is your pet when left alone at home?

- Free in house Outside house; describe: _____
 In a crate Restricted to certain areas in house

17. Do you play with your pet routinely? Yes or 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:

1. What is your dog's obedience school history?

- | | |
|--|---|
| <input type="checkbox"/> No school, trained yourself | <input type="checkbox"/> Puppy kindergarten |
| <input type="checkbox"/> Group lessons, basic | <input type="checkbox"/> Group lessons, advanced |
| <input type="checkbox"/> Private trainer at house | <input type="checkbox"/> Private trainer, sent to trainer |

2. 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

3. Is your dog trained to go to a certain spot/location (eg., bed, crate, mat) on a verbal command?

Yes or No

If yes, how reliable is the response?

- Perfect Good Moderate Poor

For Cats, Only:

1. How many litter boxes do you have?

- 0 1 2 3 4 >4

2. 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	()

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Clumping litter | <input type="checkbox"/> Plain clay | <input type="checkbox"/> Scented |
| <input type="checkbox"/> Unscented | <input type="checkbox"/> Playground sand | <input type="checkbox"/> Large pellets |
| <input type="checkbox"/> Wheat litter | <input type="checkbox"/> Cedar chips | <input type="checkbox"/> Varies with each purchase |
| <input type="checkbox"/> Other, please specify: _____ | | |

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

- | | | | |
|------------------------------------|---------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Closet | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Bedroom |
| <input type="checkbox"/> Attic | <input type="checkbox"/> Laundry room | <input type="checkbox"/> Living room | <input type="checkbox"/> Basement |
| <input type="checkbox"/> Stairwell | <input type="checkbox"/> Other _____ | | |

5. Is your cat declawed?

- No Yes, front declawed only Yes, back and front declawed

6. Does your cat use a scratching post?

Yes or No

7. Does your cat have any outdoor access?

Yes or No

Reaction to handling by family member

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				

Behavioural Problem:

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

Behaviour Problem	Very serious	Serious	Not serious

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

The behaviour 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 or No

Have you considered euthanasia? Yes or No

Is there any other information you would like to add?

Draw a basic house floor plan on a separate sheet. This is very important but it does not have to be to perfect scale. Mark all items listed below on the house floor plan, so we can get a feeling for the environment where your pet lives.

A= Litter box locations

B= House-soiling locations

C= Windows and doors

D= Scratching post locations

E= Food and water bowl locations

F= Cat/dog doors or flaps

G= Bedding

Please number the house soiling locations in chronological order in terms of when you became aware of deposits in those locations (eg, b1, b2, etc.)