

## Morris Animal Hospital

### Pet Behavior Consultations General Information

Please take some time to fill out this form and return it to our hospital (you may fax it to 574-271-1938) at least 48 hours before your scheduled appointment. This allows us to review the information ahead of time, to prepare written materials for you to take home, and to concentrate on problem areas during your appointment. While it is not necessary to videotape your pet's problem behavior, videos can be very helpful. If you do have a videotape of your pet's problem behavior, please drop it off 48 hours before your scheduled appointment so that it can be reviewed before we see you and your pet.

Behavior consultations are scheduled in 90 minute sessions with Dr. Julie Morris. Follow up appointments are sometimes necessary. Fees are available by calling the hospital at 574-271-1909. It is best if all interested parties attend the session, though you may wish to leave young children at home. Please bring your pet with you.

Please let the receptionist know that your appointment is a behavior consultation so that adequate time may be scheduled. Because we schedule more than an hour for these consultations, we require pre-payment. If you need to cancel your appointment, please advise us at least 48 hours ahead of time and we will refund your payment. Appointments cancelled after that time will be charged the full fee. For your convenience, you may use the following form to pre-pay with a credit card, or you may bring your payment in person to the hospital prior to your appointment.

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

Client name: \_\_\_\_\_

Pet's name: \_\_\_\_\_

Credit card information:

MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Expiration date: \_\_\_\_\_

Card number: \_\_\_\_\_

Cardholder name as it appears on card: \_\_\_\_\_

Address to which card is billed: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

Thank you and we look forward to helping you and your pet!

*14546 State Road 23, Granger, Indiana 46530 (574) 271-1909 (574) 271-1938 fax*

**Morris Animal Hospital**

**Pet Behavior Consultation Questionnaire**

Owner information:

Name:

Address:

Home phone:

Business phone:

Occupation:

Pet Information:

Name:

Breed:

Age:

Weight:

Gender:

Age neutered?

List any medications your pet is taking:

List any current medical problems your pet has:

Where did you obtain your pet?

Age obtained?

Briefly describe your pet's personality:

Principle Complaint:

What do you perceive to be your pet's primary behavior problem(s)?

Describe the severity of the problem: mild moderate severe

Have you considered euthanasia for this problem? Yes No

Comment:

Describe the problem beginning with the most recent incident. Also describe any previous incidents, including the first incident you noted:

What age was your pet when the problem started?

How often does the problem occur?

Has there been a recent change in frequency or severity? If so, please describe:

Describe any changes in the home or in your routine when the problem first started:

Have you actually seen the problem?

What has been done so far to try and correct the problem?

List any techniques that have been successful in correcting the problem:

List any techniques that have made the problem worse:

What do you think is the reason for your pet's problem?

Family Relationships:

List each family member, including age and gender:

Briefly describe how your pet gets along with each family member:

List all other pets, including species, breed, age, and gender:

Describe how your pets get along with each other:

Briefly describe the daily family schedule, including how long your pet is alone:

Training: (for dogs only)

Describe any obedience training:

What will your pet do on command?

Which family member(s) have the best control?

Which family member(s) have the least control?

Have you ever tried a Gentle Leader halter for training?

Dog's response:

Have you ever used a crate or cage for confinement?          When?

Do you still use a crate?          If so, describe the crate, including location:

If you no longer use a crate, when and why did you stop?

Is or was the crate ever used for punishment?

Nutrition:

Type of food fed:

Is your pet fed on a schedule, or is food available at all times?

Exercise and Play:

Briefly describe the amount and frequency of exercise or play your pet receives daily:

Which family member is most likely to exercise/play with pet:

Describe where your pet stays during the following times:

Daytime (owner away):

Daytime (owner home):

When guests visit:

Where does your pet sleep?

Pet's reaction to being left alone?

Reaction prior to owner departure?

Reaction at homecoming?

How does your pet react to car rides?

Handling:

Describe your pet's reaction to the following:

Nail trimming:

Grooming or bathing:

Cleaning ears:

Patting head:

Rubbing belly:

Being lifted:

Grasping collar:

How does your pet react to other animals on and off your property?

How does your pet react to strangers on and off your property?

Which family member is most successful in disciplining your pet?

Type of discipline used:

Which family member is least successful in disciplining your pet?

Aggression Data:

List any types of people (children, strangers arriving indoors, etc) that your pet is aggressive toward (including barking or growling threateningly):

Has your pet ever bitten hard enough to break the skin or cause injury? If you have not already described the incident(s) earlier on this form, please do so here:

Does your pet ever threaten or act aggressively in any of the following situations:

Petting

While eating

Chewing objects or playing with toys

Approached when sleeping

Punishment or discipline

People entering the home or yard

Was there any illness or health problem when the aggression started?

When your pet is aggressive, what is your response?

Does your pet act fearful at the time of the aggression? (i.e. cowering, ears back, tail tucked, retreating, hiding)

Additional Problems: (describe briefly if not discussed previously)

Excessive barking, howling, or vocalizing

House soiling urine or stool

Uncontrollable urination when excited or frightened

Phobias (thunder, cars, loud noises, etc)

Shyness or timidity (i.e. ears back, cowering, tail tucked, shaking, retreating, hiding, etc)

Other:

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Please fill out the next sheet (page 8) if your pet is a cat and is urinating or defecating outside the litter box.

**Feline House soiling Data Sheet (for cats that are eliminating outside the litter box)**

The inappropriate elimination incidents are \_\_\_\_\_% urine, \_\_\_\_\_% stool.

Does the elimination problem occur when the pet is left alone \_\_\_\_\_%

In the presence of family members \_\_\_\_\_%

During the night while the family sleeps \_\_\_\_\_%

Is there a preference for urinating on:

Upright surfaces (walls, sides of furniture, drapes)?

Horizontal surfaces (floor, top of counters, on furniture)?

Both types of surfaces equally?

Is there a preference for secluded areas? (closets, under furniture, rarely used rooms)

Does your cat have a surface preference when eliminating outside the litter box (rugs, clothing, paper, hard surfaces, etc)?

Has your cat ever eliminated consistently in the litter box? If so, age when litter trained:

Do strays or pets from other homes visit or come outside windows, doors or in the yard?

Has your cat ever had a urinary bladder infection?

Does any straining, pain, or blood accompany your pet's urination or defecation?

Has there been an increase in the amount of water consumed?

Type of litter used (clay vs. clumping vs. crystals, etc)

How often is the litter box cleaned?

Litter box location(s) in home:

**Please use the back of this sheet or the following sheet to draw a basic diagram of your house and indicate areas of inappropriate elimination and litter box location.**

