

BEHAVIOR CONSULTATION FORM

Canyon Pet Hospital
1054 E. Old Canyon Court
Flagstaff, AZ 86001
928-774-5197

PLEASE RETURN THIS FORM AT LEAST 48 HOURS PRIOR TO YOUR APPOINTMENT. IF IT IS NOT RECEIVED 48 HOURS PRIOR TO YOUR APPOINTMENT, YOU MAY BE ASKED TO RESCHEDULE.

Date: _____ Owner: _____ Acct #: _____

Address: _____

Phone #'s Home: _____ Work: _____ Cell: _____

Regular Veterinarian: _____

Would you like a post-consultation summary letter sent to your veterinarian? Yes [] No []

Referred by / How did you hear about us: _____

Please fill out this form as completely & accurately as possible. The information you provide will be very important for diagnosing and treating your pet's behavior problem.

GENERAL INFORMATION

Pet's name: _____ Dog [] Cat [] Other: _____

Breed: _____ Color: _____ Age: _____ Weight: _____

Sex: M F Neutered / Spayed: yes [] no [] At what age: _____ At what age did you obtain the pet: _____

Where did you obtain this pet? _____

For what purpose was the pet obtained? companion / protection / breeding / show / other _____

Time spent indoors _____% outdoors _____% Is this pet left alone during the day? Yes [] No [] How long? _____

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

when the family is home:

when the family is away:

when the family is asleep:

when guests visit:

Describe the pet's personality:

Describe the pet's behavior

just prior to your departure:

just after your return:

Diet: _____% dry – Brand _____ % canned – Brand _____

_____ % table scraps Supplements: _____

When is the pet fed? _____ By whom? _____

Date of last physical examination: _____ List all **major** surgical or medical problems and approximate dates:

List all medications (dosage, schedule & duration) that have been prescribed for a behavior problem and the results:

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

What toys/types of play does the pet enjoy?

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

Does he or she run free in the neighborhood? _____ How often? _____

Has this pet had any formal obedience training? Yes[] No[] Class[] Private instruction[] 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 of the training: failed[] fair[] good[] excellent[]

Please describe the type of training:

What will the pet do on command?

How does this pet react to unfamiliar people?

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

Does this pet get along with other animals? Yes[] No[] If no, please explain:

List the number of other pets in the home:

Cats: intact female _____
spayed female _____
intact male _____
neutered male _____

Dogs: intact female _____
spayed female _____
intact male _____
neutered male _____

Other:

BEHAVIOR PROBLEM INFORMATION

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

When was the problem first noted? (month/year):

Where and under what circumstances was each problem first noted?

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

The problem(s) occur:	<u>always</u>	<u>usually</u>	<u>rarely</u>	<u>never</u>
When the pet is left alone	[]	[]	[]	[]
In the presence of family members	[]	[]	[]	[]
During the night when family sleeps	[]	[]	[]	[]

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? Yes[] No[] If yes please describe:

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

What was the pet's response to the correction?

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

moved or redecorated []	boarded or spent time in another home []
visitors (human or pet) []	change in kind of litter used []
new family/household member []	change in family schedule []
new pet []	change in diet []

Please describe any changes in this pet's environment:

How did these changes affect your pet?

Please indicate any other behavior problems:

house soils []	shy []	play []	pulls hard on leash []
feeding []	eats stool []	jumps up []	destructive chewing []
pacing []	unruly []	sexual []	aggressive []
bites []	grooming []	barking []	fight []
digging []	learning []	runs away []	swallows nonfood items []
sleep []	destructive scratching []		

Other:

Please describe all situations that are likely to elicit aggressive behavior such as growling nipping, biting, attacking, etc. (for example; petting, approached by anyone, approached by children, only when in the car, reaching for, punishing, pushing, taking food or toys away, disturbed while sleeping, etc.):

Please discuss in detail any other information that you feel is relevant to your pet's problem. Use the back of this page if necessary.

If your pet has an aggression problem, describe at least the last two or three aggressive incidents in detail. Use the back of this page if necessary.