

PET BEHAVIOR

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Species: Canine Feline Other \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: M F Neutered/Spayed? YES NO Age when Neutered/Spayed: \_\_\_\_\_

Description of Behavior Problem: \_\_\_\_\_  
\_\_\_\_\_

Desired Behavior: \_\_\_\_\_

When did undesirable behavior begin? \_\_\_\_\_

What was happening with the family at that time? \_\_\_\_\_  
\_\_\_\_\_

Where does the behavior occur? \_\_\_\_\_

Does the behavior occur at any particular times or as a response to a particular stimulus? \_\_\_\_\_  
\_\_\_\_\_

What has been done to attempt to correct the behavior and what was the result? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your response to your pet when the undesirable behavior occurs? \_\_\_\_\_  
\_\_\_\_\_

What do you think contributed to the development of this behavior? \_\_\_\_\_  
\_\_\_\_\_

Did your pet experience any particular trauma or stress during the 6 months prior to the start of the behavior? \_\_\_\_\_  
\_\_\_\_\_ At any other time in his/her history? \_\_\_\_\_  
\_\_\_\_\_

Has your pet ever been abandoned or given up by a previous owner? Please describe the circumstance. \_\_\_\_\_  
\_\_\_\_\_

How would you describe your pet's personality? \_\_\_\_\_  
\_\_\_\_\_

Has your pet's personality changed? Please describe when and how. \_\_\_\_\_  
\_\_\_\_\_

Is your pet talkative or vocal? When? \_\_\_\_\_

Is your pet aggressive towards anyone in particular in the household or elsewhere? \_\_\_\_\_  
\_\_\_\_\_

## PET BEHAVIOR

How does your pet express happiness or contentment? \_\_\_\_\_  
\_\_\_\_\_

How does your pet express unhappiness or sadness? \_\_\_\_\_  
\_\_\_\_\_

Has your pet's daily routine changed in any way? \_\_\_\_\_  
\_\_\_\_\_

How does your pet act with:

Yourself: \_\_\_\_\_

Other family members: \_\_\_\_\_

Friends: \_\_\_\_\_

Strangers: \_\_\_\_\_

Children: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Groomer: \_\_\_\_\_

Other pets: \_\_\_\_\_

Other animals: \_\_\_\_\_

What things does your pet really enjoy? \_\_\_\_\_  
\_\_\_\_\_

What things do your pet fear (e.g. strangers, other animals, children, men, loud noises, thunderstorms, water, sirens, being left alone, cars, leashes, vet, kennel, etc.)? \_\_\_\_\_  
\_\_\_\_\_

What things cause stress or anxiety for your pet? \_\_\_\_\_  
\_\_\_\_\_

Does your pet relax easily? YES NO Sleep well? YES NO Is restless or wakes during the night?  
YES NO

Does your pet prefer to sleep on: \_\_\_WARM SURFACES, \_\_\_COLD SURFACES, \_\_\_UNDER THE  
COVERS, \_\_\_NEAR OPEN WINDOWS/DOORS,

Does your pet prefer to be: \_\_\_IN THE SUN \_\_\_IN THE SHADE

Does your pet prefer to be INSIDE or OUTSIDE? Does your pet like SOFT or HARD places  
to rest?

Does your pet like WARM or COLD food? COLD or TEPID water?

Is there any other information that you would like to include regarding your pet? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_