

COUNTY ANIMAL CLINIC, INC.
Ronald C. Anders, D.V.M.

BEHAVIOR EVALUATION
PRELIMINARY CLIENT QUESTIONNAIRE

Please complete these questions and return the questionnaire before the appointment if possible. Otherwise, please bring it with you at the time of the appointment. All of your answers are confidential. PLEASE REMEMBER THAT YOU ARE REQUESTED TO BRING PROOF OF RABIES VACCINATION TO YOUR APPOINTMENT.

1. Pet's Name _____
2. Your Name _____
3. Breed of Dog or Cat _____ Color _____
4. Age of Pet _____
5. Date of Birth of Pet (if known) _____
6. Sex _____
7. Is your pet spayed or castrated? Yes No
If yes, at what age? _____
Date neutered _____
Reason for neutering _____

Any behavioral changes after neutering? _____
8. If your pet is not neutered, do you plan to breed this dog or cat?
 Yes No
9. Has this dog or cat ever been bred? Yes No
If female, did she experience heat cycles before neutering?
 Yes No
Age of first heat, if applicable _____
Date(s) of heat cycle(s) _____
10. How old was your pet when you first acquired it? _____
11. Has this pet had other owners? Yes No
If so, how many? 1 2 3 4 Unknown
Why was this pet given up?

12. How long have you had this pet?

13. Where did you get this pet? _____
 Stray/Found Breeder SPCA/Humane shelter
 Breed Rescue Service Pet Store Friend
 Newspaper adoption advertisement (not breeder)
 Other (Please explain) _____

14. Why did you get this pet?

15. When was your pet last vaccinated for:
Distemper/Feline rhinotracheitis, etc. (date, if you know it) _____
Rabies (date, if you know it) _____

16. Is this pet (**please check all that apply**):
 Allowed to run free, unsupervised
 Fenced/kenneled/run
 Leash-walked, only
 Outside, unleashed but supervised
 Indoors only
 Outdoors only (primarily cats)

17. What percentage of the day does your pet spend inside? _____
What percentage of the day does your pet spend outside? _____
What kind of living situation do you have?
 Apartment
 Townhouse/condominium
 House with small yard
 House with large yard
 Farm

18. How many times is your dog or cat walked or let out per day?
 0 1 2 3 4 5 6 7 8

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

19. How often is your pet fed meals each day?
 1 2 3 4

How often is your pet fed treats (cat treats, dog biscuits, chewies) each day?
 0 1 2 3 4 more than 4

How often is your pet fed snacks from the table (i.e., human food) each day?
 0 1 2 3 4 more than 4

20. What exactly is your pet fed (include brand names)? _____

21. Does your pet have any allergies? Yes No
Please specify

22. Does your pet have any preexisting or current medical problems?
 Yes No

If so, what are they?

23. Is your pet currently taking any medication to prevent heartworm?
 Yes No

Brand

Is your pet currently taking any other medications?

- Yes No

Types

24. Do you have any other pets besides this one? Yes No

If so, are any of these other pets ill? Yes No

(please explain in detail)

25. Has your household changed since acquiring this pet?

- Yes No

If so, how? **(please mark all that apply)**

- Death of human in family
- Death of pet in family
- Divorce
- Marriage
- Baby born
- Child moved
- Pet added
- Family moved
- Family schedule changed (lost or gained jobs)
- Other (please explain)_____

26. Please list the people, *including yourself*, currently living in the household.

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Relationship</u>	<u>Occupation</u>
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(Self, husband, wife...)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Please mark with an asterisk (*) any of the above who are coming to the clinic with the pet. If anyone *Not listed* is coming with the pet, who are they (i.e., friend, neighbor)?

27. Please list all the animals in the household.

	<u>Name</u>	<u>Breed</u>	<u>Sex</u>	<u>Age Obtained</u>	<u>Age Now</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Refer to the chart above and, using numbers, label which pet was obtained first, second, etc.

28. Do you know how many animals were in this pet's litter?

Yes

Total Number = _____ (____ females ____ males)

No

29. Why did you choose this specific animal from the litter?

30. Why did you choose this specific breed?

31. Have you had this particular breed before? Yes No

32. Have you had pets before? Yes No

33. Have you had dogs before? Yes No

34. Have you had cats before? Yes No

35. Have you had birds before? Yes No

36. Where does your pet sleep (check all that apply; we know pets move at night)?

In or on your bed

On its own bed in your bedroom

In its crate in your bedroom

On its own bed in another room

In a crate in another room

On the floor next to your bed

In another room, voluntarily, anywhere it wants

In another room because it is locked from your bedroom, anywhere it wants

37. How often do you play with toys or play games with the pet **inside** the house daily (on average)?

0 1 2 3 4 5 >5

How long does each play bout last, on average (in minutes)? _____

38. How often do you play with toys or play games with the pet outside the house daily (on average)?

- 0 1 2 3 4 5 >5

How long does each play bout last, on average (in minutes)? _____

39. Describe, in detail, how you prepare to leave the house when the pet will be left alone. Do you ignore your pet, do you seek it out and say goodbye, do you make a fuss over it, etc.?

40. What does your pet do as you prepare to leave?

For Dogs Only

41. 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

42. Age when dog started lessons/training _____

43. Who took the dog to obedience school? _____

44. How did the dog do in obedience school? _____
Does the dog have any obedience titles? _____

45. What commands does the dog know and how well?

(please check all that apply)

(circle the degree of ability)

- | | | | |
|-----------------------------------|---------|------------|------------|
| <input type="checkbox"/> Sit | Perfect | Usually OK | Needs work |
| <input type="checkbox"/> Stay | Perfect | Usually OK | Needs work |
| <input type="checkbox"/> Lie down | Perfect | Usually OK | Needs work |
| <input type="checkbox"/> Come | Perfect | Usually OK | Needs work |
| <input type="checkbox"/> Wait | Perfect | Usually OK | Needs work |
| <input type="checkbox"/> Heel | Perfect | Usually OK | Needs work |
| <input type="checkbox"/> Fetch | Perfect | Usually OK | Needs work |
| <input type="checkbox"/> Drop it | Perfect | Usually OK | Needs work |
| <input type="checkbox"/> Other | _____ | | |

46. Is there anything else you would like to tell us about your dog's training?

For Cats Only

41. How many litter boxes do you have?

- 0 1 2 3 4 5 >5

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

Description	Number
<input type="checkbox"/> Open	()
<input type="checkbox"/> Covered	()
<input type="checkbox"/> Square	()
<input type="checkbox"/> Rectangular	()
<input type="checkbox"/> Large	()
<input type="checkbox"/> Small	()
<input type="checkbox"/> Deep	()
<input type="checkbox"/> Shallow	()
<input type="checkbox"/> Liner	()
<input type="checkbox"/> No liner	()
<input type="checkbox"/> Other - please specify: _____	

43. What kind of litter material do you put in the box(es)

(Check all that apply)?

- Clumpable, recyclable
- Plain clay
- Deodorized
- Playground sand
- Anything you can get with a coupon
- Ashes
- Potting soil
- None (empty box)
- Gravel/rock
- Sawdust/ wood chips
- Wheat husks
- Recycled, pelleted newspaper
- Shredded paper or paper toweling
- Other - please specify: _____

44. Where are the litter boxes (check all that apply)?

- Closet
- Kitchen
- Bathroom
- Bedroom
- Attic
- Entryway
- Pantry

- Basement
- Stairwell
- Other - please specify: _____

Feel free to include a diagram of your cat's litter box locations if you think that it would help us understand the situation.

45. Describe in detail, how your cat uses the litter box. For example, does it scratch in the litter before eliminating? Cover up feces? Scratch outside the box?

46. Are the front feet declawed? Yes No
 Age declawed _____

Are the back feet declawed? Yes No
 Age declawed _____

Is there anything else you would like to tell us about your cat's behavior?

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

	Problems	Very Serious	Serious	Not Serious
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

48. Why have you kept the pet despite its behavior problem?

49. Are you concerned that you may have caused the problem?

- Yes
- No

Why? _____

50. Do you feel guilty about this problem?

- Yes No

Why? _____

51. Have you considered finding another home for this pet?

- Yes No

52. Have you considered euthanasia (putting your pet to sleep)?

- Yes No

53. Did someone recommend euthanasia before your visit here?

- Yes No

54. If you think that it would help us understand your pet's problem, attach a map of your house or the relevant areas of your house (i.e., locations of litter boxes or dog beds, locations of fences, etc.)