



**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 TO BRING VACCINATION HISTORY.*

1. Pet's Name \_\_\_\_\_  
Your Name \_\_\_\_\_
2. Breed of Dog/Cat \_\_\_\_\_  
Color \_\_\_\_\_
3. Age of Pet \_\_\_\_\_
4. Date of Birth of Pet \_\_\_\_\_
5. Sex \_\_\_\_\_
6. Is your pet spayed/castrated? \_\_\_Y\_\_\_ N  
If yes, at what age? \_\_\_\_\_  
Date neutered \_\_\_\_\_  
Reason for neutering \_\_\_\_\_  
Any behavioral changes after neutering? \_\_\_\_\_
7. If your pet is not neutered, do you plan to breed this dog/cat? \_\_\_Y\_\_\_ N
8. Has this dog/cat ever been bred? \_\_\_Y\_\_\_ N  
If female, did she experience heat cycles before neutering? \_\_\_Y\_\_\_ N  
Age of first heat, if applicable \_\_\_\_\_  
Date(s) of heat cycle(s) \_\_\_\_\_
9. How old was your pet when you first acquired it?  
\_\_\_\_\_
10. Has this pet had other owners? \_\_\_Y\_\_\_ N  
If so, how many? \_\_\_\_\_  
Why was this pet given up? \_\_\_\_\_
11. How long have you had this pet? \_\_\_\_\_
12. Where did you get this pet? \_\_\_\_\_
13. Why did you get this pet? \_\_\_\_\_
  
14. Is this pet (please check all that apply):

- \_\_\_ allowed to run free, unsupervised
  - \_\_\_ Fenced/kennel/run
  - \_\_\_ Leash-walk, only
  - \_\_\_ Outside, unleashed but supervised
  - \_\_\_ Indoors only
  - \_\_\_ Outdoors only (primarily cats)
15. What percentage of the day does your pet spend inside? \_\_\_\_\_  
What percentage of the day does your pet spend outside?  
\_\_\_\_\_
  - What kind of a living situation do you have (house, apt, yard, no yard...)  
\_\_\_\_\_
  16. How many times is your dog/cat walked or let out per day? \_\_\_\_\_  
If your pet is walked, what is the average length of time for each walk (in minutes)? \_\_\_\_\_
  17. How often is your pet fed meals each day?  
\_\_\_\_\_
  - How often is your pet fed treats? \_\_\_\_\_
  - How often is your pet fed snacks from the table (i.e. human food) each day? \_\_\_\_\_
  18. What exactly is your pet fed (include brand names)?  
\_\_\_\_\_
  19. Does your pet have any allergies? \_\_\_Y\_\_\_ N  
Please specify \_\_\_\_\_
  20. Does your pet have any preexisting or current medical problems? \_\_\_Y\_\_\_ N  
If so, what are they?  
\_\_\_\_\_  
\_\_\_\_\_
  21. Is your pet currently on heartworm prevention? \_\_\_Y\_\_\_ N  
Brand \_\_\_\_\_  
Is your pet currently taking other medications? \_\_\_Y\_\_\_ N  
Types \_\_\_\_\_
  22. Do you have any other pets besides this one? \_\_\_Y\_\_\_ N  
If so, are any of these other pets ill? \_\_\_Y\_\_\_ N
  23. Has your household changed since acquiring this pet? \_\_\_Y\_\_\_ N  
If so, how?  
\_\_\_\_\_  
\_\_\_\_\_
  24. Please list the people, including yourself, currently living in the household (name, sex, age, relationship, & occupation)

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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?

25. Please list all the animals in the household.

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

26. Do you know how many animals were in this pet's litter? \_\_\_Y \_\_\_ number = \_\_\_ (female \_\_\_ male \_\_\_)  
\_\_\_No

27. Why did you choose this specific animal from the litter? \_\_\_\_\_

28. Why did you choose this specific breed?  
\_\_\_\_\_

29. Have you had this particular breed before? \_\_\_Y \_\_\_N

30. Have you had pets before? \_\_\_Y \_\_\_N

31. Have you had dogs before? \_\_\_Y \_\_\_N

32. Have you ever had cats before? \_\_\_Y \_\_\_N

33. Where does your pet sleep(check all that apply, we know that 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 b/c it is locked from your bedroom, anywhere it wants

34. How often do you play with toys or play games with the pet inside the house daily (on avg)?

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

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

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

36. 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.?  
\_\_\_\_\_  
\_\_\_\_\_

37. What does your pet do as you prepare to leave?  
\_\_\_\_\_  
\_\_\_\_\_

#### FOR DOGS ONLY: (38-43)

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

\_\_\_No school – trained yourself

\_\_\_Puppy kindergarten

\_\_\_Group lessons – basic

\_\_\_Group lessons – advanced

\_\_\_Private trainer at home

\_\_\_Private trainer – sent to trainer

39. Age when dog started lessons/training \_\_\_\_\_

40. Who took the dog to obedience school? \_\_\_\_\_

41. How did the dog do in obedience school?  
\_\_\_\_\_  
\_\_\_\_\_

Does the dog have any obedience titles?  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_Sit perfect OK needs work

\_\_\_Stay perfect OK needs work

\_\_\_Lie down perfect OK needs work

\_\_\_Come perfect OK needs work

\_\_\_Wait perfect OK needs work

\_\_\_Heel perfect OK needs work

\_\_\_Fetch perfect OK needs work

\_\_\_Drop it perfect OK needs work

\_\_\_Other \_\_\_\_\_

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

**FOR CATS ONLY (44-49)**

44. How many litter boxes do you have? \_\_\_\_\_

45. Describe the litter boxes and how many of each type (check all that apply):

- \_\_\_ Open # \_\_\_\_\_
- \_\_\_ Covered # \_\_\_\_\_
- \_\_\_ Square # \_\_\_\_\_
- \_\_\_ Rectangle # \_\_\_\_\_
- \_\_\_ Large # \_\_\_\_\_
- \_\_\_ Small # \_\_\_\_\_
- \_\_\_ Deep # \_\_\_\_\_
- \_\_\_ Shallow # \_\_\_\_\_
- \_\_\_ Liner # \_\_\_\_\_
- \_\_\_ No liner # \_\_\_\_\_
- \_\_\_ Other - \_\_\_\_\_

46. 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 towels
- \_\_\_ Other \_\_\_\_\_

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

- \_\_\_ Closet
- \_\_\_ Kitchen
- \_\_\_ Bathroom
- \_\_\_ Bedroom
- \_\_\_ Attic
- \_\_\_ Entryway

- \_\_\_ Pantry
- \_\_\_ Basement
- \_\_\_ Stairwell
- \_\_\_ Other \_\_\_\_\_

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

48. 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 box?

\_\_\_\_\_

\_\_\_\_\_

49. Are the front feet declawed? \_\_\_Y \_\_\_N

Age declawed \_\_\_\_\_

Are the back feet declawed? \_\_\_Y \_\_\_N

Age declawed \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

Problem #1

\_\_\_\_\_

Very serious \_\_\_ Serious \_\_\_ Not serious \_\_\_

Problem #2

\_\_\_\_\_

Very serious \_\_\_ Serious \_\_\_ Not serious \_\_\_

Problem #3

\_\_\_\_\_

Very serious \_\_\_ Serious \_\_\_ Not serious \_\_\_

Problem #4

\_\_\_\_\_

Very serious \_\_\_ Serious \_\_\_ Not serious \_\_\_

**PRELIMINARY CLIENT QUESTIONNAIRE**

**CONT...**

Patient \_\_\_\_\_

Client \_\_\_\_\_

Date of Appointment \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

52. Are you concerned that you may have caused the problem? \_\_\_Y \_\_\_N  
Why? \_\_\_\_\_

53. Do you feel guilty about this problem? \_\_\_Y \_\_\_N  
Why? \_\_\_\_\_

54. Have you considered finding another home for this pet? \_\_\_Y \_\_\_N

55. Have you considered euthanasia (putting your pet to sleep)? \_\_\_Y \_\_\_N

56. Did someone recommend euthanasia before your visit here? \_\_\_Y \_\_\_N

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.)

1. Chief complaints

a.)

b.)

c.)

d.)

2. Precipitating reason for visit

3. Number of total bites

\_\_\_\_\_

4. Number of bites that broke skin

\_\_\_\_\_

5. Number of bites reported and to whom?

Number reported \_\_\_\_\_

Reported to \_\_\_\_\_

6. Was there legal action taken against the owner as a result of the bite(s)? \_\_\_Y \_\_\_N

7. Frequency of occurrence of the undesirable behavior(s):

Complaint 1 \_\_\_\_\_

Daily \_\_\_ Weekly \_\_\_ Monthly \_\_\_

Percent of time that animal is in situation and during which undesirable behavior occurs:

\_\_\_ Less than 25%

\_\_\_ 25% to 50%

\_\_\_ 51% to 75%

\_\_\_ 76% to 100%

Complaint 2 \_\_\_\_\_

Daily \_\_\_ Weekly \_\_\_ Monthly \_\_\_

Percent of time that animal is in situation and during which undesirable behavior occurs:

\_\_\_ < 25%

\_\_\_ 25%-50%

\_\_\_ 51%-75%

\_\_\_ 76%-100%

Complaint 3 \_\_\_\_\_

\_\_\_ Daily \_\_\_ Weekly \_\_\_ Monthly

Percent of time that animal is in situation and during which undesirable behavior occurs:

- \_\_\_ <25%
- \_\_\_ 25%-50%
- \_\_\_ 51%-75%
- \_\_\_ 76%-100%

Complaint 4 \_\_\_\_\_

\_\_\_ Daily \_\_\_ Weekly \_\_\_ Monthly

Percent of time that animal is in situation and during which undesirable behavior occurs:

- \_\_\_ <25%
- \_\_\_ 25%-50%
- \_\_\_ 51%-75%
- \_\_\_ 76%-100%

8. Has the frequency or the intensity of the occurrence of the behavior changed since the problem started? \_\_\_ Y  
\_\_\_ N

If so, how and when?

\_\_\_\_\_

9. Record a detailed description of event and how long ago each event occurred.

Most recent incident: Date \_\_\_\_\_

Second most recent: Date \_\_\_\_\_

Third most recent: Date \_\_\_\_\_

10. Chronological development of the problem; other significant incidents:

11. Duration of problem

\_\_\_ Days \_\_\_ Months \_\_\_ Years

12. Corrections and/or medical therapy to date and outcome:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Age of animal when it first began showing signs of the problem \_\_\_\_\_

14. Do you know if the parents engage in similar behaviors as the presented animal?

- \_\_\_ Yes, they do
- \_\_\_ No, they do not
- \_\_\_ Do not know

If so, what behaviors are exhibited and by whom?

\_\_\_\_\_

15. Do you know if any littermates are engaging in same behaviors?

- \_\_\_ Yes, they do
- \_\_\_ No, they do not
- \_\_\_ Do not know

If so, what behaviors are exhibited and by whom?

\_\_\_\_\_

16. Describe interactions between pets in the household.

\_\_\_\_\_  
\_\_\_\_\_

17. How does the pet react to strangers?

\_\_\_\_\_

18. How does the pet behave in veterinary offices and while being examined?

\_\_\_\_\_

19. Has the pet ever been in a boarding kennel?

\_\_\_ Y \_\_\_ N

If yes, how did the pet behave at the kennel?

\_\_\_\_\_

20. Has the pet ever been to a groomer?

\_\_\_ Y \_\_\_ N

If so, how did the pet behave at the groomer?

\_\_\_\_\_

21. Describe, in detail, 24hrs if a typical day in the pet's life, starting with where the pet is when it wakes up in the morning.