



Behavior History Form

Owner Information:

Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Best Contact Method: _____

Patient Information:

Name: _____ Age: _____

Gender: Male Female Neutered/Spayed: YES NO

Species: Canine Feline

Breed: _____

Medical History:

When was the last physical examination performed on our pet? _____

Have there been any medical tests performed associated with the behavioral problem? YES NO

If yes, please obtain a copy of all medical tests performed and submit with this form.

Is your pet spayed or castrated (neutered)? YES NO

1. If yes, at what age? _____
2. If yes, reason for procedure? Routine Attempt to modify behavior Other
3. If no, are you planning on breeding your pet? YES NO

Are vaccinations, including rabies vaccine, current? YES NO

List any medications that our pet has received in the past month or is currently taking:

List any medications, including homeopathic remedies that your pet has ever received for the treatment of a behavioral problem:

Does your pet have any preexisting or current medical problems?

YES

NO

If yes, please list:

Has our pet ever had a seizure?

YES

NO

Household Information:

Please list all members of your household, include ages of children and hours away from home.

Name	Gender	Age	Relationship (self, husband, wife, etc)	Hours away per day

Please list all household pets, including the patient, in the order acquired:

Name	Species	Breed	Gender	Age	Age Acquired

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Background Information:

How old was your pet when you first acquired him/her? _____

Where did you acquire this pet?

- Stray/found Newspaper adoption (not breeder)
- Professional breeder Pet store
- Hobby breeder Friend
- Humane shelter/SPCA Other (please explain) _____
- Breed-specific rescue group _____

Why did you get this pet?

- Family pet Aggressive
- Working dog (i.e., hunting) Playful
- Protection/guard dog Other (please explain) _____
- For breeding _____

Describe our pet as a puppy/kitten:

- Friendly
- Shy
- Outgoing
- Fearful

Is your pet (check all that apply):

- Allowed to run free, unsupervised when outside
- Always enclosed in a contained area when not on a leash
- Leash-walked
- Outside, unleashed but supervised
- Outdoors only

How many times is your pet walked per day? _____

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

Who walks your pet? _____

What type of collar/leash/harness do you use to walk your pet? _____

What percentage of the day does your pet spend indoors?

- 0 – 25 %

- 25 – 50 %
- 50 – 75 %
- 75 – 100 %

Have you had pets before?

Dogs

Cats

Other

None

What kind of living situation do you have?

Apartment

Townhouse/Condominium

House with small yard

House with large yard

Farm/rural property

Is our pet allowed on furniture?

Yes, all furniture

Yes, only specific pieces

Yes, only if invited

No, but gets on anyway in presence and absence of people

No, but gets on furniture in absence of people

No, to my knowledge never gets on furniture

Where is your pet when left home alone?

Free range of house

Outside house Describe: _____

In crate

Restricted to certain areas in house

Is your pet fed:

Is your pet fed treats on a daily basis? YES NO

Free choice (bowl is kept full of food)

One meal per day

Two meals per day

Three meals per day

Do you play with your pet routinely? YES NO

If yes, describe a typical play episode:

Describe how you prepare to leave the house when the pet will be left alone. Do you ignore your pet, put in a crate, say goodbye to pet, etc.?

For Dogs Only:

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

What commands does your dog know and how well? (Circle)

Sit perfect usually needs work

Stay perfect usually needs work

Lie down perfect usually needs work

Come perfect usually needs work

Heel perfect usually needs work

Fetch perfect usually needs work

Drop it perfect usually needs work

Watch me perfect usually needs work

Is your dog trained to go to a certain spot/location (e.g., bed, crate, mat) on a verbal command?

YES NO

If yes, how reliable is the response? Perfect Good Moderate Poor

For cats only:

How many litter boxes do you have?

- 0
- 1
- 2
- 3

- 4
- >4

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

- | | Number |
|------------|---------|
| • Open | () |
| • Covered | () |
| • Large | () |
| • Small | () |
| • Liner | () |
| • No liner | () |

What kind of litter do you put in the boxes (check all that apply)?

- Clumping litter
- Plain clay
- Scented
- Unscented
- Playground sand
- Large pellets
- Wheat litter
- Cedar chips
- Varies with purchase
- Other, please specify: _____

Where are the litter box (es) located (check all that apply)?

- Closet
- Kitchen
- Bathroom
- Bedroom
- Attic
- Laundry room
- Living room
- Basement
- Stairwell
- Garage
- Other

Is your cat declawed? YES NO If yes: Front Only or Back & Front

Does your cat use a scratching post? YES NO

Does your cat have outdoor access? YES NO

Reaction to handling by family members –

Does your pet show aggression in the following circumstances? This can include growling, hissing, snarling (showing teeth), lunging, nipping, snapping, or biting. Please fill in the chart: (Y=Yes, N=No, N/A=doesn't apply). If biting has occurred in any of these circumstances, please describe the wound (tear, puncture, bruising).

	Adult Owner (Female)	Adult Owner (Male)	Children	Any specific Individual
Handling/Grooming				
Petting or Hugging				
Disturbed when resting				
Disciplining				
Walking on the lead				
Taking food away				
Taking other objects				

Behavioral Problem:

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

Behavior Problem	Very Serious	Serious	Not Serious

Describe a typical episode of the behavioral problem(s):

The behavior occurs _____ times per day/week/month.

Describe the first incident (including date):

Describe the most recent episode (including date):

Has the frequency of the behavior increased / decreased / remain unchanged? _____

Has the intensity of the problem increased / decreased / remained unchanged? _____

Have there been any changes in the household (new pet, new family member, schedule change, etc.)? If so, please describe: _____

What have you tried to do to change the problem behavior? Please list all things you have tried whether they have been useful or not.

Have you considered finding another home for your pet? YES NO

Have you considered euthanasia (putting your pet to sleep)? YES NO

Is there any other information you would like to add? _____

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Authors Drs. Horwitz & Neilson