

# OLATHE ANIMAL HOSPITAL – BEHAVIOR EVALUATION FORM

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Owner: \_\_\_\_\_ email: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

## GENERAL INFORMATION

Pet's name: \_\_\_\_\_ Dog [ ] Cat [ ] Other: \_\_\_\_\_

Age: \_\_\_\_\_ yrs Sex: M F Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Weight: \_\_\_\_\_

Neutered / Spayed: yes [ ] no [ ] At what age? \_\_\_\_\_

Opt Out: Check this box if you do NOT want your pet's picture or name displayed on our website, Facebook, Twitter, or any promotional materials. We love sharing our pictures with other pet lovers!

At what age did you obtain the pet: \_\_\_\_\_

Where did you obtain this pet? friend, breeder, pet shop (name of store), humane society, other

For what purpose was this pet obtained? Companionship, protection, breeding, show,  
other \_\_\_\_\_

Time spent indoors: \_\_\_\_\_ % outdoors: \_\_\_\_\_ % Is this pet left alone during the day? \_\_\_\_\_  
How long? \_\_\_\_\_

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

- Family home: \_\_\_\_\_
- Family away: \_\_\_\_\_
- Family 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

Favorite treat(s): \_\_\_\_\_

Supplements: \_\_\_\_\_

When is the pet fed? \_\_\_\_\_

By whom? \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

List all major surgical or medical problems and approximate dates:

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

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

List the number of other pets in the home:

<b>Cats:</b>	female intact _____	<b>Dogs:</b>	female intact _____	<b>Other:</b>
	female spayed _____		female spayed _____	
	male intact _____		male intact _____	
	male neuter _____		male neuter _____	

What is your pet's relationship to the other animals (e.g. friendly, hostile, fearful)? Please describe.

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? Y[ ] N[ ] Class[ ] Private instructor[ ]  
I trained my pet at home [ ]

What type of collar do you use for training (circle)? flat choke chain pinch/prong head halter  
Grade the success: failed[ ] fair[ ] good[ ] excellent[ ]

Please describe the type of discipline you use for general misbehavior:

What will your pet do on command?

Does this pet get along with other animals? Y[ ] N[ ] If not, please explain:

How does this pet react to unfamiliar people?

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

## BEHAVIOR PROBLEM INFORMATION

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

What month/year were the problem(s) first noted?

When did it first become a serious concern?

Where and under what circumstances was each problem(s) first noted?

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

<u>The problems occur:</u>	<u>always</u>	<u>usually</u>	<u>rarely</u>	<u>never</u>
when the pet is left alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in the presence of the family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
during the night when the family sleeps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Frequency of occurrence: \_\_\_\_\_ times per day, \_\_\_\_\_ times per week, \_\_\_\_\_ times per month, \_\_\_\_\_ times per year.

Has there been a change in the frequency or intensity of the problem? \_\_\_\_\_

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?

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

- |                            |                               |
|----------------------------|-------------------------------|
| a. moved or redecorated    | e. change in family schedule  |
| b. boarded                 | f. new family member/roommate |
| c. visitors (human or pet) | g. diet change                |

d. type of litter changed

h. other

How did these changes affect your pet?

Please indicate any other behavior problems:

house soils	shy	play	other
destructive chewing	eats stool	jumps up	
feeding	pacing	unruly	
sexual	aggressive	bites	
grooming	barking	fighting	
digging	learning	runs away	
swallows nonfood items	sleep	destructive	
		scratching	

Please describe all situations which are likely to elicit aggressive behavior such as growling, nipping, biting, attacking, etc. (e.g. 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.):

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

Please discuss in detail any other information that you feel is relevant to your pet's problem: