

Animal Behavioral History Form

Date:

Owner:

Pet:

Age:

Breed:

M/ F/ Neutered?

How long have you owned the pet?

Did anyone else ever own the pet?

How old was the pet when you obtained it?

What other pets are in the household?

Do they have any behavior problems?

Where is the animal kept: When you are away? When guests come over?

When it is sleeping? When you are home?

Does the animal sleep well? Is the animal restless?

How is the pet played with or exercised?

What is the pet's favorite game or thing to do?

Describe the diet.

Who feeds the animal and when?

Can food or toys be removed from the animal?

Describe the complaint (We have additional forms to complete if the problem may be related to litter box training problems, canine housetraining problems, aggression, thunderstorm anxiety, separation anxiety, or senility):

Sudden or gradual? Continual or intermittent?

How long has the problem been present?

Describe the first incident.

Describe the most recent incident(s).

Describe any other pertinent incidents or behavior problems.

Are there any concurrent or previously known medical conditions?

What prior treatments or training has the pet received?

Which one(s) worked the best?

Additional comments: