Office: (916) 652-5816/Fax: (916) 652-5975

Diplomate, American College of Veterinary Behaviorists

BEHAVIOR CONSULTATION QUESTIONNAIRE

Please answer the following questions and bring this form with you, or fax/mail it back before your scheduled appointment. Specific

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consultati	on.	Pleas	se ı	use the	ba	ck side of	the fo	rm i	f you need more
space.									
General In		tion							
Client's n	ame:				 ,			Nam	e of pet:
Address:									Species:
									Breed:
Home phone	:						Da	te o	f Birth or Age:
Work/ Cell	phon	e:						Sex:	
Neutered/sp	payed	?		·		· · ·			A Company of the Comp
E-mail addross							w	ho r	eferred you?
Who is you:	r rea	ular	vet	erinari	an	9			
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Household E					*****				
Please list yourself)	all	of t	he	human m	eml	bers of th	e house	hold	(including
Name		Age		Sex	Oc	cupation		Rela	ationship with pet
	all	of t	he .	animal :	mer	mbers of y	our hou	sehol	d in the table
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lame	Speci	.es	Bre	ea		Sex (Neutered?)	Age obtaine	£	When and where obtained

	Name	species	Breed	sex	Age	When and where
				(Neutered?)	obtained	obtained
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VCA Loomis Basin Veterinary Clinic Office: (916) 652-5816/Fax: (916) 652-5975

Leslie Larson Cooper, DVM

Diplomate, American College of Veterinary Behaviorists

3901 Sierra College Blvd.,Loomis, CA E-mail: llcooper@dcn.davis.ca.us

• Please describe your household's daily routine, including feeding, exercise and play times:

- Where do your pet(s) stay when no one is home?
- · Which of the following best fits your housing situation? (please circle one, or describe) APARTMENT- STUDIO OR ONE BEDROOM APARTMENT- 2+ BEDROOMS DUPLEX/ATTACHED HOUSE SINGLE FAMILLY HOME TRAILER FARM OTHER:

• Is your pet allowed outdoors? Yes/No (circle one) Under what circumstances?

History of the Patient:

- · Has your pet had any medical problems since you've had him or her? (please describe):
- . Is your pet on any medication? If so, please list the name and strength of the medication, and how often it is given below:
- Has your pet had any adverse reaction to any medication? If so, please list the medication and briefly describe the reaction:
- Are your pet's vaccinations current? Yes/No (circle one)
- How would you describe your pet's general health? Good/ Some problems/

Major health problems (circle one)

• When was the last time your pet was examined by a veterinarian?

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- What do you feed your pet? (brand, wet or dry, amount)
- · When, where and how often do you feed your pet?
- What are your pet's favorite treats?
- Where does your pet sleep?
- Describe your pet's basic personality:
- Is your pet toilet trained (litter box or toilet trained)? Yes/No (circle one)
- If the patient is a dog, have you taken him or her to obedience training? Yes/No (circle one). If yes, please describe when and where:
- In the past, has your pet had any problem behavior? Yes/No (circle one)

 If yes, briefly describe the problem:

How was it resolved?

Current Problem Behavior(s)

• What is the main behavior problem or complaint?

Please list current problem behaviors and rate their severity in the chart below:

VERY SERIOUS	SERIOUS	NOT SERIOUS
	VERY SERIOUS	VERY SERIOUS SERIOUS

• When did you first notice the main problem (age of the animal, or length of time after obtaining it):

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- · Describe the chronology of the behavior problem, i.e. how it developed over time:
- When did it first become a serious concern?
- Under what general circumstances does your pet misbehave?
- · How frequently do problems occur? (how many times daily, weekly, or monthly):

Problem: Frequency:

Frequency: Problem:

Problem: Frequency:

Problem: Frequency:

- Has the primary problem changed in frequency? (please describe):
- Has the primary problem changed in intensity? (please describe):
- Has the primary problem otherwise changed?
- · What other circumstances have changed for your household?
- · Please describe several incidents of the primary problem in
 - 1. Most recent incident (date)

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2. Second to the last incident (date)

- 3. Third to the last incident (date)
- Other significant incidents:
- · Under what circumstances is the problem behavior most likely to occur?
- Under what circumstances is the problem behavior least likely to occur (i.e. when is the animal "good")
- . What have you done so far to try and correct the problem?
- How do you discipline your pet for this problem?
- Which problem behavior bothers you the most?
- What are your goals concerning your pet and this problem?
- Comments/further information you feel is important:

VCA Loomis Basin Veterinary Clinic Leslie Larson Cooper, DVM

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