

Gentle Pet Vet
Veterinary Behavior Services
2833 Louisville Road
Louisville, TN 3777
Phone 865-660-9166 / Fax 865- 233-4266
gentlepetvet@aol.com

Elizabeth A. Shull DVM
DACVIM-neurology, DACVB

BEHAVIORAL QUESTIONNAIRE

BEHAVIOR HISTORY

Owner: _____ Address: _____
Daytime Phone (collect.) _____ Referring Vet: _____
Species _____ Breed: _____
Pet's Name _____ Sex: _____ Age or birthdate: _____
Age Obtained: _____
Neutered/Spayed: _____ At what age: _____ Reason: _____
From where was pet obtained? _____
For what purpose was pet obtained? _____
Show Breeding Protection Companion Other

MEDICAL HISTORY

Describe any current medical or surgical problems. Include the approximate duration of each problem.

Describe past medical and surgical problems and give approximate dates.

List vaccinations that your pet has received in the last year and give the approximate dates they were received.

Is your pet vaccinated each year? Yes No

List all medications that your pet receives (including heartworm preventative):

List known allergies:

Please circle any symptoms listed below which have occurred in your pet in the last 30 days:

Vomiting	Increased appetite	Decreased activity
Diarrhea	Decreased appetite	Change in frequency of urination
Coughing	Increased water intake	Change in appearance of urination
Sneezing	Decreased water intake	Change in stool
Runny Eyes/nose	Increased activity	Limping
Seizures	Temperament change	Other: _____

DIET: %dry _____ brand _____
%canned _____ brand _____
supplements (including treats) _____
When fed? _____ Where is water? _____
Where are food bowls? _____

ENVIRONMENT / EXERCISE

Location of home: suburb city rural other _____
Time at current residence: _____ Number of moves with this pet _____
Type of home: House Apt. Other _____ Approx size (sq ft) _____
Estimate amount of time/day spent indoors: _____ outdoors: _____
When outside: in fenced yard in pen tied roams freely leash/direct supervision
Is your pet left alone? _____ for how long? _____ where left? _____
In what area of house or yard is pet kept? During day _____
During night _____
When guests visit _____
Where does your pet sleep _____

List other animals in household, give name, breed, sex and ages:

List people in household, giving gender and approximate ages:

Corrections and treatments attempted:

1.

2.

3.

4.

What does the pet actually do?

What or whom does the pet direct the behavior toward.

What, if anything triggers the behavior.

Context/circumstances in which behavior occurs

Location (house, yard, bed, at food bowl etc.)

When does the behavior occur

Are people present, whom?

Other animals present, which ones?

Other activities, events

Pet's body language (crouched, stiff, snarling, hair-raised, tail tucked etc.)

Vocalizations (barking, growl, hiss, spit, etc.)

Your reactions to the behavior (scolding, soothing, ignoring, punishing etc.)

In the following sections please mark each behavior problem that applies to your pet.

Destructive

Household items
Personal items
Yard
Only when left alone

Fearful

people
noises
novel objects
other

House training/ litter box problems

urinates
defecates
lift legs/ sprays
only when left alone

Inappropriate mounting

people
other animals
objects

Excessive Vocalization

barking/meowing
howling/ yowling
whining/crying
only when alone

Description of problem: Please write a description of the behavior problem(s) your pet has. If there have been two or more incidents of a problem such as aggression, destructiveness etc. describe the most recent incident first, giving details of the event. Please describe the actual behavior and avoid interpretation for example, “pet was jealous” “did it out of spite...”. Use additional paper if necessary.

