



Bradford Veterinary Clinic
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www.bradfordvet.com

PLEASE RETURN THIS FORM AT LEAST 48 HRS PRIOR TO YOUR APPOINTMENT

APPT TIME _____ DATE _____

****If the forms are not received 48 hrs prior to the appt. time, you may be requested to reschedule.**

ANIMAL BEHAVIOR CONSULTATIONS

Owner: _____ email: _____

Date: _____

Address: _____ Zip _____

Home Phone: _____ Business Phone: _____

Family veterinarian: _____ Family veterinarian's phone: _____

Would you like a post-consultation summary letter sent to your veterinarian? Yes [] No []
No preference []

Referred by / How did you hear about us: _____

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? _____ At what age did you obtain the pet: _____

Where did you obtain this pet? friend, breeder, pet shop, 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: _____ Access to yard through dog/cat door: [] yes [] no

- Family home:
- Family away:
- Family asleep:
- When guests visit:

Describe the pet's personality: _____

Describe the pet's behavior:

- a. just prior to your departure
- b. just after your return

Diet: _____% dry (Brand _____) _____% canned
(Brand: _____)

_____ % table scraps 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 size in mg, 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:

Cats:	female intact _____	Dogs:	female intact _____	Other:
	female spayed _____		female spayed _____	
	male intact _____		male intact _____	
	male neuter _____		male neuter _____	

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? flat choke chain pinch/prong head halter
Grade the success: failed[] fair[] good[] excellent[] Please describe the type of training:

What will the 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?

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

Describe the situations(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 yr.

Has there been a change in the frequency or appearance 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
- b. boarded pet
- e. change in family schedule
- f. new family member / roommate /

- c. visitors (human or pet)
- d. diet change

g. other

How did these changes affect your pet?

Please indicate any other behavior problems:

house soils	shy	play	pulls
hard on leash			
destructive chewing	eats stool	jumps on people	other
feeding	pacing	unruly	
sexual	aggressive	bites	
grooming	barking	fight	
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 adults, 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 which you feel is relevant to your pet's problem: