



9673 Olio Road • Fortville, IN 46040  
(317) 841-8900 • www.fallcreekvet.com

## BEHAVIORAL CONSULTATION QUESTIONNAIRE

Please complete these questions, as fully as you feel you are able, and bring the questionnaire at your behavior consultation appointment. All answers are confidential and used as a basis for better determining your pet's diagnosis and treatment.

1. Pet's name \_\_\_\_\_
2. Your name \_\_\_\_\_
3. Breed of Dog or Cat \_\_\_\_\_
4. Age of Pet \_\_\_\_\_
5. Sex \_\_\_\_\_
6. Please describe, in as much detail as you can, what the primary behavioral problem or problems are. Include how long the problem has been occurring, where it occurs, who (if anyone) is present, what (exactly) occurs, and what may trigger it (if known).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Please describe the MOST recent incident that exemplifies the behavior problem(s).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Please include any additional information you feel may be helpful in further diagnosing the problem. Include any previous treatments, if appropriate.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Is your pet spayed or neutered? \_\_\_\_\_  
If yes, at what age? \_\_\_\_\_  
Reason for spay/neuter? \_\_\_\_\_  
Any behavioral changes after spay/neuter? \_\_\_\_\_
10. If your pet is not spayed or neutered, do you plan to breed this dog or cat? \_\_\_\_\_
11. How old was your pet when you first acquired him/her? \_\_\_\_\_
12. Has this pet had other owners? \_\_\_\_\_  
If so, how many? \_\_\_\_\_  
Why was this pet given up? \_\_\_\_\_
13. How long have you had this pet? \_\_\_\_\_
14. Where did you get this pet?  
 Stray/Found                       Breeder       Humane Society/Shelter  
 Breed Rescue Service       Pet store       Newspaper Adoption Advertisement (not breeder)  
 Friend                               Other (Please explain) \_\_\_\_\_
15. What was the primary purpose for getting this pet?  
 Adult's pet                       Family pet                       Children's pet  
 Show Dog                       Breeding                       Watch/guard dog  
 Farm/outside dog               Obedience                       Service/working dog  
 Hunting dog                       Other (Please explain) \_\_\_\_\_
16. What is the average number of hours your pet is left alone per week-day? \_\_\_\_\_  
Is the schedule on weekdays:     Consistent       Varies
17. Where is the pet when left alone?  
 Cage                               Confined in a room               Loose in living area  
 Basement                       Garage                               Outside kennel  
 Outside tied                       Loose in yard                       Outside loose (esp. cats)  
 Other (Please explain) \_\_\_\_\_
18. What percentage of the day does your pet spend inside? \_\_\_\_\_  
What percentage of the day does your pet spend outside? \_\_\_\_\_
19. What kind of living situation do you have?  
 Apartment                       Townhouse/Condominium       House with small yard  
 House with large yard       Farm
20. Where is your pet at night?  
 Cage                               Confined in room               Loose in living area  
 Basement                       Garage                               Bedroom  
 On person's bed       Outside                               Other (Please explain) \_\_\_\_\_

21. How many times is your dog or cat walked or let out per day?  
 0    1    2    3    4    5    6    7    8
22. If your pet is walked, what is the average time for each walk (in minutes)? \_\_\_\_\_
23. Is the exercise schedule:    Consistent    Varies through the week
24. How often is your pet fed meals each day?  
 1    2    3    4    fed free-choice
- How often is your pet fed treats (cat treats, dog biscuits, chewies) each day?  
 0    1    2    3    4    5
- How often do you feed your pet snacks from the table (i.e., human food) each day?  
 0    1    2    3    4    5
25. Does your pet have any preexisting or current medical problems?    Yes    No  
 If yes, please describe \_\_\_\_\_
26. Please list all the animals in the household:
- | Name  | Breed | Sex   | Age obtained | Age now |
|-------|-------|-------|--------------|---------|
| _____ | _____ | _____ | _____        | _____   |
| _____ | _____ | _____ | _____        | _____   |
| _____ | _____ | _____ | _____        | _____   |
| _____ | _____ | _____ | _____        | _____   |
27. Has your household changed since acquiring this pet?    Yes    No  
 If so, how?  
 Death of human in family    Death of pet in family    Divorce  
 Marriage    Baby born    Child moved  
 Pet added    Family moved  
 Family schedule changed (lost or gained jobs, etc.)  
 Other (Please describe): \_\_\_\_\_
28. Have you had dogs before?    Yes    No
29. Have you had cats before?    Yes    No
30. How often do you play with toys or play games with the pet inside the house on a daily basis?  
 0    1    2    3    4    5    >5  
 How long does each session last, on average, in minutes? \_\_\_\_\_
31. How often do you play with toys or play games with the pet outside the house on a daily basis?  
 0    1    2    3    4    5    >5  
 How long does each session last, on average, in minutes? \_\_\_\_\_

32. Describe, in some detail, how you prepare to leave the house when the pet will be left alone. For example, do you ignore your pet, do you seek it out and say goodbye, do you make a fuss over it, etc.?

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33. What does your pet do as you prepare to leave? \_\_\_\_\_

34. How would you describe your pet's personality?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Friendly to owner          | <input type="checkbox"/> Aloof              | <input type="checkbox"/> Aggressive to owner     |
| <input type="checkbox"/> Friendly to strangers      | <input type="checkbox"/> Aloof to strangers | <input type="checkbox"/> Aggressive to strangers |
| <input type="checkbox"/> Shy of strangers           | <input type="checkbox"/> Happy, outgoing    | <input type="checkbox"/> Inhibited               |
| <input type="checkbox"/> Anxious                    | <input type="checkbox"/> Hyperexcitable     | <input type="checkbox"/> Supersubmissive         |
| <input type="checkbox"/> Fearful of its environment | <input type="checkbox"/> Fearful of noises  | <input type="checkbox"/> Don't know              |

35. Does your DOG regularly (at least weekly) engage in the following:

	No	When owner present	Only in owner's absence	Don't know
Excessive barking/Whining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House soiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Destructive chewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self licking/chewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pacing, repetitive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. (CATS only): How many litter boxes do you have? \_\_\_\_\_

37. (CATS only): What kind of litter material do you put in the box(es)? (Check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Clumpable, recyclable        | <input type="checkbox"/> Plain clay                       | <input type="checkbox"/> Deodorized         |
| <input type="checkbox"/> Playground sand              | <input type="checkbox"/> Anything you can get w/coupon    | <input type="checkbox"/> Ashes              |
| <input type="checkbox"/> Potting soil                 | <input type="checkbox"/> Gravel/rock                      | <input type="checkbox"/> Sawdust/wood chips |
| <input type="checkbox"/> Wheat husks                  | <input type="checkbox"/> None (empty box)                 |   |
| <input type="checkbox"/> Recycled, pelleted newspaper | <input type="checkbox"/> Shredded paper or paper toweling |   |

38. (CATS only): Describe the litter box(es). (Check all that apply):

- |   |                                  |                                  |                                      |                                   |
|---|----------------------------------|----------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Open                           | <input type="checkbox"/> Covered | <input type="checkbox"/> Square  | <input type="checkbox"/> Rectangular | <input type="checkbox"/> Large    |
| <input type="checkbox"/> Small                          | <input type="checkbox"/> Deep    | <input type="checkbox"/> Shallow | <input type="checkbox"/> Liner       | <input type="checkbox"/> No liner |
| <input type="checkbox"/> Other (Please describe): _____ |                                  |                                  |                                      |                                   |

39. (DOGS only): Do you use any of the following training aids?

- |   |                                       |                                 |                                      |
|---|---------------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Off leash only | <input type="checkbox"/> Flat collar  | <input type="checkbox"/> Halter | <input type="checkbox"/> Choke chain |
| <input type="checkbox"/> Pinch collar   | <input type="checkbox"/> Shock collar |                                 |                                      |

THANK YOU for taking the time to fill out this rather long form. It will be greatly beneficial to us as we work with you to diagnose and treat your pet's behavioral issues.