

**BEHAVIOR EVALUATION**

**PRELIMINARY CLIENT QUESTIONNAIRE**

**COUNTY ANIMAL CLINIC, INC.**

**Ronald C. Anders, D.V.M., C.V.A., C.C.R.P.**

**800 North 7th Street**

**Coldwater, Ohio 45828**

**419-678-3610 or 800-868-VETS (8387)**

*Please complete these questions and return the questionnaire before the appointment if possible. Otherwise, please bring it with you at the time of the appointment. All of your answers are confidential.*

**PLEASE REMEMBER THAT YOU ARE REQUESTED TO BRING PROOF OF RABIES AND OTHER VACCINATIONS IF NOT ADMINISTERED HERE TO YOUR APPOINTMENT.**

1. Pet's Name \_\_\_\_\_
2. Your Name \_\_\_\_\_
3. Breed of Dog or Cat \_\_\_\_\_ Color \_\_\_\_\_
4. Age of Pet \_\_\_\_\_
5. Date of Birth of Pet (if known) \_\_\_\_\_
6. How old was your pet when you first acquired it? \_\_\_\_\_
7. How long have you had this pet? \_\_\_\_\_
8. Sex        M\_\_F\_\_
9. Is your pet spayed or castrated?    Yes\_\_No\_\_
  - 9a. If yes what age? \_\_\_\_\_
  - 9b. Date neutered \_\_\_\_\_
  - 9c. Reason for neutering \_\_\_\_\_
  - 9d. Any behavior changes after neutering? \_\_\_\_\_
10. If your pet is not neutered, do you plan to breed this dog or cat?        Yes\_\_No\_\_
11. Has this dog or cat ever been bred?        Yes\_\_No\_\_
  - 11a. If female, did she experience heat cycles before neutering?
  - 11b. Age of first heat, if applicable \_\_\_\_\_
  - 11c. Date(s) of heat cycle(s) \_\_\_\_\_
12. Has this pet had other owners?    Yes\_\_No\_\_
  - 12a. If so, how many?    \_\_1    \_\_2    \_\_3    \_\_4    \_\_Unknown
13. If you answered yes to question 12, why was this pet given up? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Where did you get this pet? \_\_\_\_\_  
 Stray/Found                       Breeder                       ASPCA/Humane shelter  
 Breed Rescue Service               Pet Store                       Friend  
 Newspaper adoption advertisement (not breeder)       Other (Please explain)

15. Why did you get this pet? \_\_\_\_\_

16. When was your pet last vaccinated for:  
16a. Distemper/Feline rhinotracheitis, etc. (date, if you know it) \_\_\_\_\_  
16b. Rabies (date, if you know it) \_\_\_\_\_

17. Is this pet (please check all that apply):  
 Allowed to run free, unsupervised  
 Fenced/ kenneled/run  
 Leash-walked, only  
 Outside, unleashed but supervised  
 Indoors only  
 Outdoors only (primarily cats)

18. What percentage of the day does your pet spend inside? \_\_\_\_\_  
18a. What percentage of the day does your pet spend outside? \_\_\_\_\_  
18b. What kind of living situation do you have?  
 Apartment  
 Townhouse/ condominium  
 House with small yard  
 House with large yard  
 Farm

19. How many times is your dog or cat walked or let out per day?  
 1     2     3     4     5     6     7     8

20. If your pet is walked, what is the average length of time for each walk (in minutes)? \_\_\_\_\_

21. How often is your pet fed meals each day?  
 1     2     3     4

22. How often is your pet fed treats (cat treats, dog biscuits, chewies) each day?  
 1     2     3     4     more than 4

23. How often is your pet fed snacks from the table (i.e., human food) each day?  
 1     2     3     4     more than 4

24. What exactly is your pet fed? (include brand names) \_\_\_\_\_

25. Does your pet have any allergies? Yes\_\_ No\_\_  
Please specify \_\_\_\_\_



26. Does your pet have any pre-existing or current medical problems?  Yes  No

If so, what are they? \_\_\_\_\_

27. Is your pet currently taking any medication to prevent heartworm?  Yes  No

Brand? \_\_\_\_\_

28. Is your pet currently taking any other medications?  Yes  No

Types \_\_\_\_\_

29. Do you have any other pets besides this one?  Yes  No

If so, are any of these other pets ill?  Yes  No

( please explain in detail ) \_\_\_\_\_

\_\_\_\_\_

30. Has your household changed since acquiring this pet?  Yes  No

If so, how? (please mark all that apply)

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)

Other (please explain) \_\_\_\_\_

31. Please list all the people, including yourself, currently living in the household.

Name	Sex	Age	Relationship	Occupation
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(Self, spouse, child(ren))

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

Please mark with an asterisk (\*) any of the above who are coming to the clinic with the pet.

If anyone not listed is coming with the pet, who are they (i.e., friend, neighbor)?

Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

32. Please list all the animals in the household.

Name	Breed	Sex	Age Obtained	Age Now
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				

Referring to the chart above, please number which pet was obtained first, second, etc.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

33. Do you know how many animals were in this pet's litter?  Yes  No  
Total Number =  females  males

34. If applicable, why did you choose this specific animal from the litter? \_\_\_\_\_

35. Why did you choose this specific breed? \_\_\_\_\_

36. Have you had this particular breed before? \_\_\_\_\_

37. Have you had pets before?  Yes  No

38. Have you had dogs before?  Yes  No

39. Have you had cats before?  Yes  No

40. Have you had birds before?  Yes  No

41. Where does your pet sleep ? (check all that apply; we know pets move at night)

In or on your bed

On its own bed in your bedroom

In its crate in your bedroom

On its own bed in another room

In a crate in another room

On the floor next to your bed

In another room, voluntarily, anywhere it wants

In another room because it is locked from your bedroom, anywhere it wants

42. How often do you play with toys or play games with the pet inside the house daily (on average)?

0  1  2  3  4  5  More than 5

43. How long does each play bout last, on average (in minutes)? \_\_\_\_\_



44. How often do you play with toys or play games with the pet outside the house daily (on average)?

1  2  3  4  5  More than 5

44a. How long does each play bout last, on average (in minutes)? \_\_\_\_\_

45. Describe, in detail, how you prepare to leave the house when the pet will be left alone.

45a. (example) Do you ignore your pet, do you seek it out and say goodbye, do you make a fuss over it, etc.? \_\_\_\_\_

45b. What does your pet do as you prepare to leave? \_\_\_\_\_

**For Dogs Only**

46. What is your dog's obedience school history?

- No school - trained yourself
- Puppy kindergarten
- Group lessons - basic
- Group lessons - advanced
- Private trainer at house
- Private trainer - sent to trainer

47. Age when dog started lessons/training \_\_\_\_\_

48. Who took the dog to obedience school? \_\_\_\_\_

49. How did the dog do in obedience school? \_\_\_\_\_

49a. Does the dog have any obedience titles?  Yes  No

50. What commands does the dog know and how well?

(please check all that apply)

- |          |                                  |                                     |                                     |
|----------|----------------------------------|-------------------------------------|-------------------------------------|
| Sit      | <input type="checkbox"/> Perfect | <input type="checkbox"/> Usually OK | <input type="checkbox"/> Needs Work |
| Stay     | <input type="checkbox"/> Perfect | <input type="checkbox"/> Usually OK | <input type="checkbox"/> Needs Work |
| Lie down | <input type="checkbox"/> Perfect | <input type="checkbox"/> Usually OK | <input type="checkbox"/> Needs Work |
| Come     | <input type="checkbox"/> Perfect | <input type="checkbox"/> Usually OK | <input type="checkbox"/> Needs Work |
| Wait     | <input type="checkbox"/> Perfect | <input type="checkbox"/> Usually OK | <input type="checkbox"/> Needs Work |
| Heel     | <input type="checkbox"/> Perfect | <input type="checkbox"/> Usually OK | <input type="checkbox"/> Needs Work |
| Fetch    | <input type="checkbox"/> Perfect | <input type="checkbox"/> Usually OK | <input type="checkbox"/> Needs Work |
| Drop it  | <input type="checkbox"/> Perfect | <input type="checkbox"/> Usually OK | <input type="checkbox"/> Needs Work |

Other \_\_\_\_\_

51. Is there anything else you would like to tell us about your dog's training? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## For Cats Only

52. How many litter boxes do you have?

0  1  2  3  4  5  More than 5

53. Describe the litter boxes (check all that apply and tell us how many boxes you have of that particular box)

Description	Number of boxes
<input type="checkbox"/> Open	<input type="checkbox"/>
<input type="checkbox"/> Covered	<input type="checkbox"/>
<input type="checkbox"/> Square	<input type="checkbox"/>
<input type="checkbox"/> Rectangular	<input type="checkbox"/>
<input type="checkbox"/> Large	<input type="checkbox"/>
<input type="checkbox"/> Small	<input type="checkbox"/>
<input type="checkbox"/> Deep	<input type="checkbox"/>
<input type="checkbox"/> Shallow	<input type="checkbox"/>
<input type="checkbox"/> Liner	<input type="checkbox"/>
<input type="checkbox"/> No liner	<input type="checkbox"/>
<input type="checkbox"/> Other (please specify) _____	

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

- Clumpable, recyclable
- Plain clay
- Deodorized
- Playground sand
- Anything you can get with a coupon
- Ashes
- Potting soil
- None (empty box)
- Gravel/ rock
- Sawdust/ wood chips
- Wheat husks
- Recycled, pelleted newspaper
- Shredded paper or paper toweling
- Other (please specify) \_\_\_\_\_

55. Where are the litter boxes? (Check all that apply)

- Closet
- Kitchen
- Bathroom
- Bedroom
- Attic
- Entryway
- Pantry
- Basement
- Stairwell
- Other (please specify) \_\_\_\_\_

56. Feel free to include a diagram of your cat's litter box locations if you think that it would help us understand the situation.

57. Describe in detail, how your cat uses the litter box.

57a. For example, does it scratch in the litter before eliminating?

57b. Cover up feces?

57c. Scratch outside the box?

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58. Are the front feet declawed?     \_\_\_ Yes \_\_\_ No

58a. Age declawed: \_\_\_\_\_

59. Are the back feet declawed?     \_\_\_ Yes \_\_\_ No

59a. Age declawed: \_\_\_\_\_

60. Is there anything else you would like to tell us about your cat's behavior? \_\_\_\_\_

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### FOR ALL CATS AND DOGS

61. What is (are) the behavioral problem(s) that you wish to address, and how much of a problem do you consider the behavior to be? Please use the chart below.

Problems	Very Serious	Serious	Not Serious
1. _____			
2. _____			
3. _____			
4. _____			

62. Why have you kept the pet despite its behavior problem? \_\_\_\_\_

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63. Are you concerned that you may have caused the problem?     \_\_\_ Yes \_\_\_ No

Why? \_\_\_\_\_

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64. Do you feel guilty about this problem?

Yes  No

Why? \_\_\_\_\_

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65. Have you considered finding another home for this pet?

Yes  No

66. Have you considered euthanasia (putting your pet to sleep)?

Yes  No

67. Did someone recommend euthanasia before your visit here?

Yes  No

68. If you think that it would help us understand your pet's problem, attach a map of your house or the relevant areas of your house (i.e., locations of litter boxes or dog beds, locations of fences, etc.)

[www.countyanimalclinic.net](http://www.countyanimalclinic.net)  
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