History FormThis form is not a comprehensive history form, but a general guide for history taking. Use each chapter to help target additional questions for each specific behavioral problem. Keep in mind that more than one problem may be present in each case.

Owner Informations:
Name:
Address:
Phone: Home:Work:
Cell:
Email:
Best method to contact:
Patient Information:
Name: Age:
Gender: Male Female Neutered/Spayed: Yes No
Species: Canine Feline
Breed:
Medical History:
When was the last physical examination performed on your pet?
Have there been any medical tests performed associated with the behavioral prob-
lem? Yes No
If yes, please obtain a copy of all medical tests performed and submit with this form. Is your pet spayed or castrated (neutered)? Yes No
1. If yes, at what age?
2. If yes, reason for procedure? routine/attempt to modify behavior/other
3. If no, are you planning on breeding your pet? Yes No
Are vaccinations, including rabies vaccination, current? Yes No
List any medications that your pet has received in the past month or is currently
taking:
List any medications, including homeopathic remedies, that your pet has ever re-
ceived for the treatment of a behavioral problem:

hobby breeder

ADDITIONAL RESOURCES FOR VETERINARIANS

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	, ,	nave any p	пеехі	sting of	current me	uicai probie	ems:
	Yes						
Ш	No						
	s, please l						
Has	, .	ever had a s	eizur	e?			
Ш	Yes						
	No						
Hou	sehold In	formation:					
Plea	se list all r	nembers of	your	housel	nold, include	ages of chi	ldren and hours away
fron	n home.						
	Name	Gen	ıder	Age	Relations	hip (self,	Hours away/day
					husband, v	-	, ,
Plea	se list all l	nousehold _]	pets, i	includii	ng the patier	it, in the or	der acquired:
		<u> </u>			Ι.,		
	Name	Species	•	Breed	Gender	Age	Age acquired
I							
Bacl	kground I	nformation	ı:			humane sh	elter/SPCA
		our pet wl	-			breed rescu	e group
acqu	uired him/	her?				newspaper	=
X X 71	1: 1	1		. ()	_	(not breede	r)
wne	ere did you	a acquire th	us pe	t irom?		pet store friend	
	,	iunu ional breed	or			irienu other (pleas	se evnlain)

P1: OTE/PGN	P2: OTE	
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Why	did you get this pet?		aggressive
	family pet		playful
	working dog (hunting)		other
	protection/guard dog		
	for breeding	Is vo	ur pet (please check all that apply):
	0		allowed to run free, unsupervised
Descr	ribe your pet as a puppy/	_	when outside
kitten			always enclosed in a contained
	friendly	_	area when not on leash
	shy		leash-walked
	outgoing	П	outside, unleashed but supervised
	fearful		outdoors only
	icariui	Ш	outdoors only
		1 2	
	many times is your pet walked per	-	
-	r pet is walked, what is the averagen minutes)?	e lengtr	1 of time for each walk
,	walks your pet?		
	type of collar/leash do you use to v		
	,	,	•
	percentage of the day does your	Have	e you had pets before?
pet sp	pend inside?		dogs
	0–25%		cats
	25–50%		other
	50-75%		none
	75–100%		
		Is yo	ur pet allowed on furniture?
What	kind of living situation do you		yes, all furniture
have?			yes, only specific pieces
	apartment		yes, only if invited
	townhouse/condominium	\Box	no, but gets on anyway in
	house with small yard	_	presence and absence of people
	house with large yard	П	no, but gets on furniture in
	farm/rural property		absence of people
	iarmirurar property		no, to my knowledge never gets
Ic mon	ir not fod:		on furniture
IS you	ar pet fed:	Who	
Ш	free choice (bowl is kept full	wne	re is your pet when left home alone?
	of food)		free in house
	one meal per day		outside house; describe:
	two meals per day		in crate
	more than two meals per day	Ш	restricted to certain areas in
_			house
Is you	ır pet fed treats on a daily basis?		
	Yes		
	No		

Do you play with your play if yes, describe a typical	,	No			
Describe how you prepa ignore your pet, put it is			-	l be left a	lone. Do you
For Dogs Only:					
What is your dog's obed history? no school, traine puppy kindergar group lessons, ba group lessons, ac private trainer at private trainer, so ls your dog trained to spot/location (e.g., bed, verbal command? Yes If yes, how reliable is the	ed yourself ten asic dvanced house ent to trainer go to a certain crate, mat) on a	and how v sit stay lie down come heel fetch drop it	well (circ perfect perfect perfect perfect perfect perfect perfect	le)? usually usually usually usually usually usually usually usually	r dog know needs work
Perfect Good Moder	rate Poor				
For Cats Only: How many litter boxes of the l	s (check all that a	pply and pu	t in parei	ntheses th	ne number of
 □ open □ covered □ large □ small □ liner □ no liner 	Number () () () () () () ()				

P1: OTE/PGN	P2: OTE	
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Wha	it kind of litter do you put in the	Whe	re are the litter box(es) located
boxe	es (check all that apply)?	(che	ck all that apply)?
	clumping litter		closet
	plain clay		kitchen
	scented		bathroom
	unscented		bedroom
	playground sand		attic
	large pellets		laundry room
	wheat litter		living room
	cedar chips		basement
	varies with each purchase		stairwell
	other, please specify:		other
Is yo	our cat declawed?	Does	s your cat use a scratching post?
	no		yes
	yes, front declawed only		no
	yes, back and front feet		
	declawed	Does	s your cat have any outdoor access?
			yes
			no

Reaction to handling by family members

Does your pet show aggression in the following circumstances? This can include growling, hissing, snarling (showing teeth), lunging, nipping, snapping, or biting. Please fill in the chart: (Y = Yes, N = No, N/A = doesn't apply). If biting has occurred in any of these circumstances, please describe the wound (tear, puncture, bruising).

	Adult owner (female)	Adult owner (male)	Children	Any specific individual
Handling/ grooming				
Petting or hugging				
Disturbed when resting				
Disciplining				
Walking on the lead				
Taking food away				
Taking other objects				

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Behavioral Problem:

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

Behavior Problem	very serious	serious	not serious

Describe a typical episode of the behavior	al problem(s):		
The behavior occurs times per day / Describe the first incident (including date			
Describe the most recent episode (includi	ng date):		
Has the frequency of the behavior increas unchanged?	ed / decreased / re	mained	
Has the intensity of the problem increased unchanged?	l / decreased / ren	nained	
Have there been any changes in the house schedule change, etc.)? if so, describe:		,	
What have your tried to do to change the you have tried whether they have been us	*	r? Please l	ist all things
Have you considered finding another hom	e for your pet? Yo	es No	
Have you considered euthanasia (putting		? Yes No)
Is there any other information you would	like to add?		