



CHANCELLOR PARK VETERINARY SURGERY

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PLEASE RETURN THIS FORM AT LEAST **48 HOURS PRIOR** TO YOUR APPOINTMENT. YOU MAY BE ASKED TO RESCHEDULE IF WE DO NOT RECEIVE THE PAPERWORK ON TIME.

APPOINTMENT TIME _____ DATE _____

ANIMAL BEHAVIOUR CONSULTATIONS

Owner: _____ Email: _____ Date: _____

Address: _____

Phone: _____

Please fill out this form carefully and completely. The information which you provide will be very important for diagnosing and treating your pet's behaviour problem. Please fill out this form as completely and as accurately as possible. Thank you.

GENERAL INFORMATION

Pet's name: _____ Dog Cat Other: Age: _____ years

Sex: M F Breed: _____ Colour: _____ Weight: _____

Desexed: Y N At what age? _____ What age did you obtain this pet: _____

Where did you obtain this pet? friend breeder pet shop
 humane society other _____

For what purpose was this pet obtained? Companionship Protection

Breeding other _____

Time spent indoors: _____ % Outdoors _____ %

Is this pet alone during the day? Y N How long? _____

In what area of the house or yard is the pet kept when

a. Family home _____

b. Family away _____

c. Family asleep _____

d. Guests visit _____

Does your pet have access to yard through dog / cat door: Y N

Describe your pet's personality: _____

Describe your pet's behaviour:

a. Just prior to your departure _____

b. Just after your return _____

Diet: ____ % dry (Brand _____) Supplements: _____

When is the pet fed? _____ by whom? _____

Date of last physical exam by vet? _____

List all major surgical or medical problems and approximate dates: _____

List all medications (dosage size and schedule) currently being taken by this pet: _____

List the number of other pets in home:

Cats: Female entire _____

Dogs: Female entire _____

Female spayed _____

Female spayed _____

Male entire _____

Male entire _____

Male castrated _____

Male castrated _____

What toys / types of play does the pet enjoy? _____

What amount of exercise or opportunity to exercise is given to the pet? _____

Does he / she run free in the neighbourhood? _____ How often? _____

Has this pet had any formal obedience training? Y N

Class Training

Private instructor

I trained my pet at home

What type of collar do you use for training?

Grade of success? Failed fair good excellent

What will your 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 Age? _____

BEHAVIOUR PROBLEM INFORMATION

Please describe your pet's behaviour problem(s)? _____

What month/year were the problem(s) first noted? _____

Where and under what circumstances each problem was first noted? _____

Describe the situation(s) in which the problem is most likely to occur? _____

The problems occur? Always Usually Rarely Never

When the pet is left alone

In the presence of the family members

During the night when the family sleeps

Frequency of occurrence: times per day, _____ times per month, _____ times per year, _____

Has there been any change in the frequency or appearance of the problem? _____

Please describe: _____

What has been done so far to correct this problem? Eg: discipline, confine, obedience training, etc)

What as 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 | e. Change in family schedule |
| b. Boarded | f. New family member / roommate / pet |
| c. Visitors (human or pet) | g. Other |
| d. Diet change | |

How did these changes affect your pet? _____

Please indicate any other behaviour problems?

house soils	barking
shy play	fight
pulls hard on lead	digging
feeding unruly	learning
destructive chewing	sleep
grooming	swallows non-food items
sexual	runs away
aggressive	destructive
bites	scratching
jumps on people	eats stool

Please describe all situations which are likely to elicit aggressiveness behaviour such as growling, nipping, biting, attacking, etc. (eg: 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:
