



## New Patient History Form

The Animal Behavior Clinic, LLC provides services and specific diagnostic tests that are related to the behavioral problem for which your pet has been referred. Routine veterinary care will continue to be performed by your pet's primary veterinarian. We will communicate our recommendations with your primary veterinarian unless instructed otherwise prior to the completion of your appointment.

Our consultation space is located inside Rose City Veterinary Hospital at 809 SE Powell Blvd, Portland, OR, 97202. If you have a home consultation scheduled, the clinician will make every effort to arrive promptly. However, unforeseen circumstances (traffic, etc.) may occasionally result in short delays.

Consultation times vary based upon the presenting complaint. Initial diagnostic assessments are generally 45-75 minutes in duration. If you elect to pursue treatment at the time of your appointment, you will be scheduled for a treatment consultation to take place within the following 2-3 weeks, also spanning 45-75 minutes on average. Recheck appointments are generally 30-60 minutes in duration. Time spent with the doctor is prorated at \$360/hr. A travel fee of \$120 is added to eligible home visits within a limited travel radius. A non-refundable reservation fee in the amount of \$180 was applied to your account at the time of booking your appointment. This payment will be applied to the cost of your pet's assessment at the end of the diagnostic appointment. In the event of a cancellation or more than one rescheduling of this appointment, the reservation fee will be forfeited to the Animal Behavior Clinic as compensation for liquidated damages.

All family members that are able to attend the assessment are encouraged to do so. If multiple pets are involved in the problem, they should all be in attendance if possible. If you have any questions about how to make arrangements for the appointment safely or conveniently, please contact us by phone or email to discuss the details of your specific situation.

For in-office appointments, if you feel your dog may be uncomfortable waiting in the lobby for any reason, you may leave them in your car while you check in at the front desk. We will then be able to bring you both into our consultation space through our private side-door.

The purpose of this history form is to gather information about your pet's general lifestyle and behavior. If you do not understand or cannot answer any of the questions, you will have time to explore them in further detail during the consultation. This form will be reviewed prior to your appointment, and may be referred to throughout the course of your pet's assessment.

Please submit your completed form **at least two weeks in advance** of your appointment. This enables the doctor to review and prepare for your case, allowing for more efficient and thorough discussions of your concerns. You may contact our office by phone or email with any questions between now and your appointment.

Animal Behavior Clinic, LLC  
809 SE Powell Blvd ~ Portland ~ Oregon ~ 97202  
Phone 503.236.7833 ~ Fax 503.252.6481  
[www.animalbehaviorclinic.net](http://www.animalbehaviorclinic.net)

**Client Information**

Full Name:

Address:

Phone number(s):

Email:

Preferred method of contact (phone, email, etc.):

Please list all people that live in the household, including ages of children:

Name	Gender	Age	Relationship (self, son, etc.)	Occupation	Hours away from home per day

**Primary Veterinarian Information**

Name of veterinarian:

Hospital name:

Hospital address:

Hospital phone number:

Hospital fax number:

Were you referred by this clinic?

**Primary Patient Information**

Name	Species	Breed	Gender (include if spayed/neutered)	Birth date (Approx.)	Age when acquired	Weight

Where did you get this pet (breeder, shelter, pet store, etc)?

Do you have any additional pre-adoption history?

Are there any known behavior problems with this pet's parents or littermates?

Describe your pet as a puppy/kitten:

Please use the chart below to list the behavioral problem(s) that you wish to address and your level of concern on a scale from 1 to 10 (1 = minor concern, 10 = very serious concern)

Behavior Problem:	Level of concern:

Describe a typical episode of the behavioral problem(s):

Describe the first incident (including date if known):

Describe the most recent episode (including date):

How often does the behavioral problem occur?

Are there specific situations that elicit the behavior?

Has the frequency of the behavior increased / decreased / remained unchanged?

Has the intensity of the problem increased / decreased / remained unchanged?

What do you think is the reason for your pet's behavior problem(s)?

What have you done so far to address this problem?

Has your pet received any medications, supplements or medical treatments to address this problem?  
If yes, please include name, strength, and dose information (ie: Fluoxetine 10 mg, 1 pill once a day):

Has a family member, friend or stranger ever been afraid of your pet?

**DOGS:** Has your dog ever worn a muzzle for safety reasons?

Has your pet ever bitten a person or another animal under any circumstances?

If yes, please answer the following:

Who has your dog bitten?

How many bites have occurred?

Have any bites required medical attention?

When did the most recent bite incident occur?

Have you consulted with other individuals for help with this problem? If yes, please include individual name and business.

What recommendations have you received? How well did each recommendation work?

Have you considered finding another home for your pet?

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

### **Household Information**

What type of living situation do you have (apartment, house with large yard, etc.)?

How long have you lived in this home?

Do you have a fenced yard area for your pet?

If yes, what type/height of fencing?

Does this pet spend any time outside without direct supervision?

Please indicate the percentage of time this pet spends indoors vs. outdoors:

Where does your pet sleep at night?

#### **DOGS:**

Is your dog allowed on furniture?

Where do you leave your dog when you leave the house?

Have you ever used a crate/kennel for your dog?

Do you currently use a crate/kennel for your dog?

**CATS:**

How does your cat respond to other cats seen through the window or while in the yard?

How does your cat respond to dogs seen through the window or while in the yard?

Have you noticed any changes in your cat's sleeping patterns?

**ALL:**

Please list any changes in the household (new pet, new family member, schedule change, etc.) possibly associated with the onset or worsening of the behavioral problem(s):

Please list all other household pets:

Name	Species	Breed	Gender (include if spayed/neutered)	Current age	Age when acquired	Weight

**Exercise, Play, Training & Enrichment Information**

Do you play with your pet?

If yes, describe how you play and frequency:

**CATS:**

What type of perches, scratching posts or elevated resting places does your cat utilize? Please list location of each:

What toys does your cat like to play with?

How would you describe your cat's overall activity level?

**DOGS:**

Do you walk/run your dog on leash?

If so, how often, for what duration and who walks your dog?

Do you allow your dog off leash in public areas?

Has your dog attended any group or individual training classes?

If yes, where and when did those lessons/sessions occur?

What commands does your dog know and how reliably does s/he perform them?

What types of training collars, harnesses or leashes have you used with this dog?

**ALL:**

How do you respond if your pet behaves in an undesirable way?

**Nutrition Information**

What do you feed your pet (please be specific with name and brand of food and amount)?

How many meals a day is your pet fed?

Please list location(s) of food and water bowl(s):

What type of treats does your pet prefer?

Does your pet have any food restrictions?

**Medical Information**

When was the last physical examination performed on your pet?

Have any medical tests been performed related to this behavioral problem?

Is your pet spayed or castrated (neutered)?

If yes, at what age?

If yes, indicate the reason for the procedure? routine / attempt to modify behavior / other

If no, are you planning on breeding your pet?

Is your pet current on their rabies vaccine?

**CATS:** Is this cat declawed?

If yes, at what age was the declaw surgery performed?

**ALL:**

Does your pet have any preexisting or current medical problems (arthritis, cataracts, allergies, etc.)?

If yes, please describe:

List current or recent medications. Please include name, strength, and dose information (ie: Fluoxetine 10 mg, 1 pill once a day):

Has your pet ever had a seizure?

**DOGS:**

**Please indicate the frequency of your dog's reactions to the following situations using this scale:**

<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>	<b>Not Applicable</b>							
1	2	3	4	5	NA							
1.	Barks and/or lunges when <i>on leash</i> and an unfamiliar dog approaches?						1	2	3	4	5	NA
2.	Barks and/or lunges when <i>off leash</i> and an unfamiliar dog approaches?						1	2	3	4	5	NA
3.	Initiates fights with unfamiliar dogs?						1	2	3	4	5	NA
4.	Bites / breaks skin of another dog living in the same household?						1	2	3	4	5	NA
5.	Bites / breaks skin of another dog <i>not</i> living in the same household?						1	2	3	4	5	NA
6.	Ignores or is aloof to an approaching unfamiliar dog?						1	2	3	4	5	NA
7.	Crouches and/or rolls over and/or urinates when approached by an unfamiliar dog?						1	2	3	4	5	NA
8.	Tucks tail between legs and/or flattens ears when approached by an unfamiliar dog?						1	2	3	4	5	NA
9.	Responds consistently to "sit" command?						1	2	3	4	5	NA
10.	Responds consistently to "down" command?						1	2	3	4	5	NA
11.	Responds consistently to "stay" command?						1	2	3	4	5	NA
12.	Responds consistently to "come" command when on leash or indoors?						1	2	3	4	5	NA
13.	Responds consistently to "come" command when off-leash in yard or a public area?						1	2	3	4	5	NA
14.	Paws, pushes, or mouths your hand or leg to be petted?						1	2	3	4	5	NA
15.	Jumps up on you when greeted?						1	2	3	4	5	NA
16.	Jumps up on visitors or unfamiliar people?						1	2	3	4	5	NA
17.	Appears restless or hyperactive at home?						1	2	3	4	5	NA
18.	Mounts family member's legs?						1	2	3	4	5	NA
19.	Is aloof around family members?						1	2	3	4	5	NA
20.	Growls/bares teeth/snaps/bites when approached while in possession of food/toy?						1	2	3	4	5	NA
21.	Growls/bares teeth/snaps/bites when you try to take food/toy away?						1	2	3	4	5	NA
22.	Growls/bares teeth/snaps/bites when hugged, pulled, or restrained?						1	2	3	4	5	NA
23.	Growls/bares teeth/snaps/bites when approached while sleeping/resting?						1	2	3	4	5	NA
24.	Growls/bares teeth/snaps/bites when touched/pushed when sleeping/resting?						1	2	3	4	5	NA
25.	Growls/bares teeth/snaps/bites when petted by a familiar person?						1	2	3	4	5	NA
26.	Growls/bares teeth/snaps/bites when someone tries to take away an item the dog 'stole'?						1	2	3	4	5	NA
27.	Growls/bares teeth/snaps/bites when specific body parts are touched/toweled/examined?						1	2	3	4	5	NA

28. Growls/bares teeth/snaps/bites when reprimanded or punished?	1	2	3	4	5	NA
29. Growls/bares teeth/snaps/bites for no apparent reason?	1	2	3	4	5	NA
30. Tucks tail between legs and/or flattens ears when approached by an unfamiliar person?	1	2	3	4	5	NA
31. Crouches and/or rolls over and/or urinates when approached by an unfamiliar person?	1	2	3	4	5	NA
32. Growls and/or lunges when <i>away</i> from home and an unfamiliar person approaches?	1	2	3	4	5	NA
33. Growls and/or lunges when <i>at home</i> and an unfamiliar person approaches?	1	2	3	4	5	NA
34. Bites / snaps at an unfamiliar visitor at home/yard/cabin?	1	2	3	4	5	NA
35. Bites / snaps at an unfamiliar person in <i>neutral</i> surroundings (not home)?	1	2	3	4	5	NA
36. Appears fearful when introduced to new and unfamiliar places and objects?	1	2	3	4	5	NA
37. Appears fearful in response to loud noises such as thunder, firecrackers or gunshots?	1	2	3	4	5	NA
38. Appears fearful or aggressive towards children?	1	2	3	4	5	NA
39. Follows you or family members from room to room?	1	2	3	4	5	NA
40. Loses appetite when left alone?	1	2	3	4	5	NA
41. Barks, whines, or howls when left alone <i>at home</i> ?	1	2	3	4	5	NA
42. Barks, whines, or howls when left alone <i>in the car</i> ?	1	2	3	4	5	NA
43. Destroys household objects by chewing, digging or scratching when left alone?	1	2	3	4	5	NA
44. Destroys household objects by chewing, digging or scratching when a person is present?	1	2	3	4	5	NA
45. Tries to escape from confinement (house, yard, kennel, etc.) by digging or scratching?	1	2	3	4	5	NA
46. Injures self while trying to escape from a crate or other confinement?	1	2	3	4	5	NA
47. Pants, paces, whines, hides or salivates when you are getting ready to leave your home?	1	2	3	4	5	NA
48. Growls, bites or bares teeth when you are getting ready to leave your home?	1	2	3	4	5	NA
49. Walks, runs, or paces excessively?	1	2	3	4	5	NA
50. Licks self excessively?	1	2	3	4	5	NA
51. Licks family members or other objects excessively?	1	2	3	4	5	NA
52. Urinates/defecates in the home when left alone?	1	2	3	4	5	NA
53. Urinates/defecates in the home when confined?	1	2	3	4	5	NA
54. Urinates/defecates in the home when owners are at home?	1	2	3	4	5	NA
55. Releases small quantities of urine when greeting a person/dog?	1	2	3	4	5	NA
56. Signals reliably to be let outside when family members are at home?	1	2	3	4	5	NA
57. Barks at dogs or people when they are on/passing your property?	1	2	3	4	5	NA
58. Barks at moving objects such as bicycles, children running, or joggers when in the yard?	1	2	3	4	5	NA
59. Barks and or lunges at people on roller blades, bikes, or joggers during walks?	1	2	3	4	5	NA
60. Appears confused or disoriented at times?	1	2	3	4	5	NA
61. Appears restless at night and sleeps more during the day?	1	2	3	4	5	NA

- 62. Interacts less with the family than in the past? 1 2 3 4 5 NA
- 63. Fails to recognize familiar persons or places? 1 2 3 4 5 NA
- 64. Gets 'stuck' in corners, or under / behind furniture? 1 2 3 4 5 NA

**CATS:**

**Elimination**

Please describe your cat's behavior in the litter box:

Does your cat eliminate in the presence of other animals or people?

Will your cat immediately use a freshly cleaned litter box?

Does your cat ever vocalize while it eliminates?

Will your cat spray (urination on vertical surface) against the back of a covered litter box?

Does your cat ever use a shower or bathtub for elimination?

Have you ever changed litter types?

If yes, how has this affected this cat's elimination habits?

Please provide the following information on all litter boxes in the home:

	Box 1	Box 2	Box 3	Box 4
Location of box?				
Covered or uncovered?				
Size of box?				
Depth of litter?				
Liner?				
Is the liner scented?				
Type of litter?				
Is the litter scented?				
Which box is used most frequently?				
How frequently is the litter scooped?				
How frequently is the litter changed?				

How frequently is the box washed?				
Number of cats sharing the box?				

Please describe specifically what areas other than the litter box are ever used for elimination:

Location	Frequency of elimination	Horizontal surface?	Vertical surface?

SAMPLE

## Goals / Treatment Objectives

Please list any specific questions that you wish to discuss during your appointment:

Describe your ideal outcome for your pet's upcoming appointment (i.e. what do you hope to achieve, and what information are you seeking?)

\*Please note: information related to long-term goals and strategies may not be covered during initial diagnostic assessments, and a comprehensive treatment plan will only be provided during a follow-up treatment consultation. Knowing your ideal outcome will allow the doctor to address your comments, triage immediate priorities (such as safety concerns), and, should you elect to pursue treatment, structure a plan that meets your goals and your pet's needs.

Is there any conflict in your household about how to manage your pet's behavior? If yes, please explain:

Please list three things you like or love about this pet:

How would you describe your ideal learning style? Check all that apply:

- I learn best when I can listen without distractions
- I learn best by reading information that has been provided for me
- I learn best by remaining active and by practicing specific tasks
- Other: \_\_\_\_\_

The Animal Behavior Clinic uses a wall mounted video camera to record in-office consultations to ensure safety and to maintain accuracy of patient information. Please indicate your preference below.

- You have my permission to use my pet's video for educational purposes and review.

- You have my permission to use my pet's video for review purposes only.

### **Informed Consent for Use of Medications in Behavioral Therapy**

The doctor may discuss and/or recommend the use of medication(s) as part of your pet's comprehensive treatment plan. Many of the medications that are prescribed for the treatment of behavioral problems are not expressly approved by the FDA (Food and Drug Administration) for all or any animal species and their use is considered "off label". This is a legal and well-accepted practice for veterinarians to prescribe medications in this manner.

Although not all pets will require the use of medications as part of their behavioral therapy, we want you to be aware of this information in advance. We assure you that we will make every effort to inform you of the benefits and potential side effects of any medications recommended, and will welcome any questions or inquiries you may have regarding medication use for your pet. By signing this form, you are under no obligation to use medication as part of your pet's treatment plan.

By checking one of the following, you are confirming that you have read through the above statements.

- Yes, I understand the use of behavioral medications as outlined above, and consent to proceeding with this knowledge. I understand that by signing this disclaimer I am not authorizing or denying the use of behavioral medications with my pet at this time.
- No, I do not understand the use of behavioral medications outlined above, and/or do not wish to sign or give consent.

If you are filling out this form by hand, please include a signature to verify your informed consent. If you are filling it out electronically, type your name and date:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for filling this out this form. Please refer to the methods of delivery at the beginning of the form in order to submit it to us. We look forward to meeting you and your dog soon!