

**Jill A. Goldman, Ph.D., CAAB  
Animal Behavior Services**



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**Animal Behavior History Questionnaire**

Client Name: \_\_\_\_\_

Animal Name: \_\_\_\_\_

Species/Sex/Age: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

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From where did you obtain this animal?

When (date)?

Why?

Rate your level of experience of guardianship: Novice \_\_\_\_ Moderate \_\_\_\_ High \_\_\_\_

Describe the animal's personality:

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Date of last veterinarian exam: \_\_\_\_\_

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

List all medications (including dosage and schedule) currently being taken by this animal:

**BEHAVIOR PROBLEM INFORMATION:** Describe the animal's behavior problem(s) and how it developed. Including where and under what circumstance each problem(s) was first noted, and the situations(s) in which the problem is most likely to occur. If the animal has an aggression problem, describe at least the last two aggressive incidents in detail (including date, time of day, and context). Describe all situations that are likely to elicit aggressive behavior (e.g. growling, hissing, scratching, biting, attacking, etc.).

The severity is: Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_ Other \_\_\_\_\_

At what age was the animal when this problem(s) started? \_\_\_\_\_ Date: \_\_\_\_\_

How many times has the problem occurred a) past week \_\_\_\_ b) past month \_\_\_\_ c) past year? \_\_\_\_\_

<b>The problem(s) occur:</b>	<b>Always</b>	<b>Usually</b>	<b>Rarely</b>	<b>Never</b>
When the animal is alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the presence of familiars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the presence of strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe any change in frequency or appearance:

What has been done so far, to correct the problem? What techniques have been successful or made problems worse:

List all medications (dosage, schedule & duration) prescribed for a behavior problem and the results:

Have you considered euthanasia? Y N Comment:

Please discuss in detail any other information you feel is relevant to the animal's problem(s)

**Animal's Diet:**

\_\_\_% Dry (Brand \_\_\_\_\_) \_\_\_% Wet (Brand: \_\_\_\_\_)

Supplements: \_\_\_\_\_

How many times a day is the animal fed? \_\_\_\_\_ By whom? \_\_\_\_\_

When? \_\_\_\_\_ Location: \_\_\_\_\_

Does the animal finish his/her meal(s)? \_\_\_\_\_% Leftover \_\_\_\_\_

Describe feeding habits: Poor \_\_\_\_\_ Picky \_\_\_\_\_ Normal \_\_\_\_\_ Voracious \_\_\_\_\_

What is the animal's favorite treat(s)?

When are treats delivered?

**Environment/Lifestyle:**

Briefly describe the animal's physical living conditions including favorite resting/sleeping area(s):

Who is in-charge of animal (including daily schedule, sex, and age if under 18)?

1. M/F Age\_\_\_\_\_Schedule
2. M/F Age\_\_\_\_\_Schedule
3. M/F Age\_\_\_\_\_Schedule
4. M/F Age\_\_\_\_\_Schedule

Does this animal live with other animals?

Name	Species	Breed	Sex	Age Now	Age when obtained	Order obtained
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Does this animal get along with other animals? Y  N  Please explain:

How does this animal react to unfamiliar people?

Describe any situations where your animal is shy, timid, or fearful.

How does the animal react when frightened? Cower, retreat, aggression, other:

**Activity:**

At what time of the day is the animal most active?

Is this animal left alone during the day? \_\_\_\_\_ How long? \_\_\_\_\_

What amount of exercise or opportunity to exercise is given to the animal (hours/day/week)?

What toys/types of play does the animal enjoy? How often?

**Training:**

Has this animal had any formal obedience training? Y  N

What will the animal do on cue?

The animal's ability to learn is Fast \_\_\_\_\_ Slow \_\_\_\_\_ Easily distracted \_\_\_\_\_ Other \_\_\_\_\_

**Punishment**

Have any of the correction techniques been used. If so, rate their success.

Physical (hitting)	Y N	Success: High/Med/Low/None
Noise (Shaker can/siren)	Y N	Success: High/Med/Low/None
Ultrasonic (Petagree)	Y N	Success: High/Med/Low/None
Water spray	Y N	Success: High/Med/Low/None
Verbal/shouting	Y N	Success: High/Med/Low/None
Time Out	Y N	Success: High/Med/Low/None
E-Collar	Y N	Success: High/Med/Low/None
Citronella collar	Y N	Success: High/Med/Low/None
Other: _____	Y N _____	Success: High/Med/Low/None

Has any punishment made the problem worse or caused aggression?

Does the animal react differently to punishment from different people?