



Hillside Animal Hospital Behavior Questionnaire

Client and Pet Information

Client's Name _____

Phone Number(s) _____

Pet's Name _____ Dog Cat Breed _____

Male Female Spayed/Neutered? Yes No Age _____ years Weight _____ lbs

From where and at what age did you obtain this pet?

List all major surgical or medical problems

List all medications (including dosage and schedule) currently being taken

Behavior Problem Information

Describe your pet's behavior problem(s)

Describe the situation(s) in which the problem(s) occur

When was the problem(s) first noticed?

List any changes in frequency or appearance of the problem(s)

What has been done so far to correct the problem (training, confinement, discipline, etc)?

What was the pet's response the correction(s)?

Have any medications or supplements been prescribed for problem(s)? If yes, what were the results?

Were there any changes to the pet's environment prior to the appearance of the problem(s)?

Is there any additional information you would like to add?

