

# Behavioral Assessment Form

Owner Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

1. **Have you noticed any changes in your pet's personality since his or her last visit?**

Yes No

Hiding or Cowering Clinging to family members Reduced activity level

Refusal to eat Sleeping more during the day Appears withdrawn

Other, please specify \_\_\_\_\_

2. **Has your pet's elimination habits changed (ruination, defecation) since his or her last visit?**

Yes No

Frequency House soiling Urine marking Eliminating outside the litter box

Diarrhea

3. **Does your pet show signs of nervousness or uneasiness during certain situation?**

Yes No

Pacing Drooling Panting Trembling/Shaking/Shivering Yawning

Vomiting

**If yes, what situations trigger the behavior?**

Storms Fireworks Loud noises Spending more time alone Riding in the car

Kenneling New People Parties/Holidays Other, please specify \_\_\_\_\_

4. **Has your pet shown signs of aggression (growling, snapping, biting) since his or her last visit?**

Yes No

Other pets Children Family members Friends New people

5. **Does your pet have any behavior problems that you are concerned about?**

Yes No

Excessive licking or grooming Attempting to escape Potentially harmful motor activity

Vertical scratching (cat) Excessive scratching Vocalization (barking, meowing)

Other, please specify \_\_\_\_\_

6. **Is your pet coping with a lifestyle changes since our last visit?**

Yes No

Move New pet in household Death in the family New baby or people in the home

Relationship changes Change in family routine (pet spends more time alone)

New to our home Other, please specify \_\_\_\_\_

7. **How long has your pet been exhibiting the behaviors you've described?** \_\_\_\_\_

8. **How often does the behavior occur?**

Daily Weekly Monthly Yearly Only During Certain Situations