

Stefanie Schwartz, DVM, MSc, DACVB  
American College of Veterinary Behaviorists  
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Dear Client,

Thank you for the opportunity to help you with your pet's misbehavior; you are one step closer to finding your happily ever after together.

Before your appointment with me, please take the time to complete this questionnaire. This will help me to define your pet's problem and clarify the treatment necessary to help you and your pet.

Please consider the questions carefully. The questions are 'fill in the blank', 'short answer' or 'multiple choice' style. EASY! When you are asked to choose from a list of answers, feel free to *select as many in the list as apply to you*. You are also encouraged to add additional notes or comments. If you have kept a log or diary of your pet's behavior problem, please bring that with you to the appointment.

I will review the completed questionnaire with you in the first half of our appointment; there are sure to be additional questions to clarify the diagnosis of your pet's problem. The diagnosis and treatment will be explained in detail and a written report will be emailed to you and your primary care veterinarian, as well as any veterinary specialists involved in your pet's care. A recheck appointment may be necessary to monitor your pet's progress and maximize your pet's treatment response.

Remember, your pet doesn't have to be perfect, just perfect for you ☺.

Dr. Stefanie Schwartz, DVM, MSc, DACVB  
*Dip. American College of Veterinary Behaviorists*  
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### Treatment Consent Form

I acknowledge responsibility for the pet described below and give my consent to Dr. Stefanie Schwartz for his/her treatment, which may include the prescription of medication. Psychoactive medication used in treatment may not be approved for use in nonhuman animals, but will be recognized as beneficial in clinical practice and considered safe to administer. I assume all risks and absolve Dr. Schwartz of all liability and responsibility in connection with the treatment of my pet. I understand there is no guarantee of treatment results and the fee for professional services is due in full at the end of the consultation.

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

Owner's Signature: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

Contact: (Cell) \_\_\_\_\_

(Email) \_\_\_\_\_

Address: \_\_\_\_\_

Referred by: \_\_\_\_\_

Pet's Name:	Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other:	Breed:
Date of Birth: / /	M <input type="checkbox"/> F <input type="checkbox"/> Neutered: Yes / No	Color:

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Date: / /

OWNER'S NAME: .....  
 OWNER'S ADDRESS: .....  
 .....

Tel #: Home: .....  
 Work: .....  
 Email: .....

YOUR PET'S PRIMARY CARE VETERINARIAN:

Name of Dr. and Hospital: ..... \*\*\*Email: .....  
 Mailing Address: .....

[ Referred by: ..... ]

**PATIENT BEHAVIOR HISTORY**

Pet's Name:	Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other: _____	Breed:
Date of Birth: / /	M <input type="checkbox"/> F <input type="checkbox"/> Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/>	Color:
Place Obtained:	Pet's Age at Adoption:	Age at Neuter:

**PROBLEM DEFINITION:**

1) The main reason for your appointment today is because your pet:

- is AGGRESSIVE
- is URINATING / DEFECATING IN THE HOUSE (dog)
- is DESTRUCTIVE
- OTHER: .....
- has PROBLEMS with LITTER BOX USE (cats)
- is FEARFUL or ANXIOUS
- is TOO VOCAL

2) Your pet's problem behavior began within the last: .....days/wks/mos./years (circle one) and is now:

- WORSE (more frequent &/or intense)
- BETTER (less frequent &/or intense)
- UNCHANGED since it began

3) Your pet's problem behavior is directed at:

- OBJECTS/AREAS IN YOUR HOME, namely: .....
- YOU
- YOUR DOG(S)
- FAMILY MEMBERS, namely: .....
- OTHER DOG(S)
- FRIENDS
- YOUR CAT(S)
- STRANGERS
- OTHER CAT(S)

4) This problem most often occurs:

- In your home
- Anywhere
- When you are home
- In the morning (6am – noon)
- In the evening (6pm –midnight)
- In your car
- In your yard
- In/around your neighborhood
- When you are out
- In the afternoon (noon – 6pm)
- Overnight (midnight – 6am)
- Other: .....

5) The problem now occurs:  CONTINUOUSLY  OFF & ON  ABOUT....TIMES EACH DAY/WK/MO/YR

**HOME & FAMILY:**

6) If you currently have any other pets, please complete the following:

Cat	Dog	Other	Name	Breed	Age	Gender	Neutered ✓
<input type="checkbox"/>	<input type="checkbox"/>					M <input type="checkbox"/> F <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					M <input type="checkbox"/> F <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					M <input type="checkbox"/> F <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					M <input type="checkbox"/> F <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					M <input type="checkbox"/> F <input type="checkbox"/>	

7) You live in a:  PRIVATE HOME  APARTMENT  CONDO Since when?.....days/wks/mos/yrs

8) Number of ROOMS in your home: ..... Number of LEVELS in your home (including basement): .....

9) For each person living with you, please complete the following:

First Name	Age	Relationship to You (child, roommate...)

10) You work as a .....and your work days are:  Sun  M  T  W  Th  F  Sat

11) ON A TYPICAL WORK DAY, your pet is ALONE between \_\_\_\_\_AM/PM and \_\_\_\_\_AM/PM.

12) WHEN YOU GO **OUT**, where does your pet stay?

- Anywhere in your home
- Outside in the yard (is it fenced in?..)
- In/out via the Pet Door
- Roams free outside
- Anywhere in your home, except: .....
- Restricted to one room/area:.....
- Kept in a crate/cage in the .....room
- Rarely comes inside at all

13) WHEN YOU ARE **HOME**, where is your pet?

- Anywhere in your home
- Outside in the yard (is it fenced in? Y/N)
- In/out via the Pet Door
- Roams free outside
- Anywhere in your home, except: .....
- Restricted to one room/area: .....
- Kept in a crate/cage in the .....room
- Rarely comes inside at all

**FEEDING:** 

14) Your pet usually eats in the .....room, and is fed:

- Dry Food (kibble) Brand: \_\_\_\_\_
- Canned Food Brand: \_\_\_\_\_
- Semi-moist (e.g. Tender Vittles, Gaines burger) Brand: \_\_\_\_\_
- Prescription diet (for specific health requirements): .....  Home-made diet only
- Table scraps: (How often?  Daily  Once or twice/wk  No more than once a month  Never)
- Treats: (Total #/day: \_\_\_\_, Brand(s): \_\_\_\_\_) Favorite Food/Treat?: .....

15) At what TIME do you FEED your pet? (check as many that apply)

- MORNING, at about ..... AM
- EVENING, at about .....PM
- AFTERNOON, at about .....PM
- FOOD DISH IS ALWAYS KEPT FULL (free-feeding)



16) Check all that apply to your pet's **APPETITE** or **FEEDING HABITS**:

- Easy to please       Finicky       Eats quickly       Eats slowly       Nibbles a bit, comes back later
- Fed separately from other pet(s) in the .....       Inhibited by other pet(s)
- Seems anxious/excited/aggressive at mealtime
- Is fed by: .....
- Gets aggressive if approached while s/he eats or food/treat is removed       Other:.....

17) Is WATER always available?       Yes       No, because: .....

**HOUSE TRAINING:** 

18)  HOUSE TRAINING IS **NOT A PROBLEM** (your pet *always* urinates/defecates in an appropriate location)!

*If your pet is a  please go to question #24; if your pet is a , continue with #28)*

19)  Your pet **URINATES** in an undesirable place. This happens about \_\_\_\_\_ times a day/week/month and began about \_\_\_\_\_ days/week(s)/month(s)/year(s) ago.

Your pet **DEFECATES** in an undesirable place. This happens about \_\_\_\_\_ times a day/week/month and began about \_\_\_\_\_ days/week(s)/month(s)/year(s) ago.

20) Where do your pet's 'ACCIDENTS' occur most frequently (indicate U or S for urine/stool):

•	•
•	•
•	•
•	•

21) Which of the following applies to your pet's 'ACCIDENTS'? URINE & / or STOOL appears:


- NORMAL       NOT NORMAL       CAT/DOG STANDS to urinate in undesirable place
- Seems intentional       Seems involuntary       CAT/DOG CROUCHES to urinate in undesirable place

22) What do you do if you:

- Catch your pet IN THE ACT of voiding indoors? .....
- Find the 'accident' AFTERWARDS? .....

23) List the product(s) you use to REMOVE THE STAIN of urine/stool and DEODORIZE the target location:

.....

24) Please check or complete all that applies to your PROBLEM CAT'S **LITTER BOX:** 

- Feces removed ..... times a day/wk/mo       Litter filler is completely changed ..... times a day/wk/mo
- Your cat only uses the litter box in bad weather       Your cat eliminates outside only


25) What product(s) do you use to clean or disinfect the empty box? .....  
How often do you do this? ..... wk/mo/yr

26) If you have more than one (1) cat, how do you know this particular cat has the litter box problem?.....

.....

27) **LITTER BOX DETAILS** (mark the most popular with a \*):

#	OPEN/COVERED	TYPE OF LITTER FILLER	LOCATION	FLOOR

**GROOMING** (brush/comb): 

28) You GROOM your CAT/DOG .....times a day/wk/mo/yr.

29) Your CAT/DOG is groomed by a professional groomer ..... times a day/wk/mo/yr.


30) Your CAT/DOG is BATHED ..... times a day/wk/mo/yr.

31) When it comes to *GROOMING* (comb/brush) your pet:

- LOVES IT, can't get enough                       LIKES IT but gets impatient after about ..... seconds/minutes  
 DISLIKES IT but will tolerate it for about ..... seconds/minutes     HATES IT, won't tolerate it at all

32) Regarding *NAIL TRIMS*, your pet:

- LOVES THEM, can't get enough  
 LIKES THEM but gets impatient after about.....seconds/minutes  
 DISLIKES THEM but will tolerate them for about .....seconds/minutes  
 HATES THEM, won't tolerate them at all

33) Please check or complete all that apply to your CAT'S CLAWS and SCRATCHING POST HABITS: 

- My cat was DECLAWED (front/back) at the age of \_\_\_\_\_ wks/mos/yrs  
 Uses a scratching post; Scratching posts are located in the .....room (indicate which floor).  
     • Prefers scratching posts made of:  cardboard     sisal     carpet     other: .....  
     • Prefers scratching posts placed  vertically     at an angle     flat on the floor  
 Refuses to use a scratching post  
 Destructively scratches these surfaces/locations: .....

**ACTIVITY & PLAY:** 

34) WHEN YOU GO TO **BED**, your pet:

- Sleeps in bed with you     Sleeps near you (not on the bed): .....  
 Sleeps in a crate/cage located in the .....                       Growls at you  
 Other: .....     Stays up late watching TV ☺

35) Your pet is LEAST ACTIVE (drowsy, sleeping):

- MORNING (6am-noon)     AFTERNOON (noon-6pm)  
 EVENING (6pm-midnight)     OVERNIGHT (midnight – 6am)

36) Your pet is MOST ACTIVE (playful, alert):

- MORNING (6am-noon)     AFTERNOON (noon-6pm)  
 EVENING (6pm-midnight)     OVERNIGHT (midnight – 6am)

37) You **PLAY** with your pet ....times a day/wk/mo. Each play time usually lasts.....minutes and usually ENDS because:  YOU lose interest/get tired     YOUR PET loses interest/gets tired     Other:.....

38) Check all that apply to your pet:

- NOT PLAYFUL       PLAYS OCCASIONALLY       PLAYFUL (average)       UNUSUALLY PLAYFUL  
 PLAYS ALONE       PLAYS IF YOU START FIRST       INVITES YOU TO PLAY

39) Which of the following games does your pet play (*mark the favorites with a \**):

- TUG OF WAR with .....       FETCH(retrieves objects)       HIDE & SEEK  
 WRESTLES with .....       BALLS (what type?.....)       RACES AROUND as if crazy  
 STEALS OBJECTS SO YOU WILL CHASE HIM/HER       OTHER: .....



40) How do you know when your pet:

- WANTS TO PLAY WITH YOU? .....
- WANTS TO GO OUTSIDE/COME BACK INSIDE? .....
- IS HUNGRY/WANTS A TREAT? .....

41) Your pet RUNS AWAY FROM HOME ..... times a day/wk/mo/yr when .....

42) When you RETURN HOME, your pet:

- DOES NOT GREET YOU       HIDES       ACTS GUILTY       ROLLS OVER       URINATES  
 IS VERY EXCITED       JUMPS       BARKS/MEOWS       OTHER .....

If your pet is a , please go to question #53 ; if your pet is a  please answer the next question #43.

43) Please complete all information that applies to your dog's **WALKS OFF OF YOUR PROPERTY** and **YARD OUTINGS:** 

- DOG NEVER WALKED       DOG ROAMS FREE       ROUTE VARIES       ROUTE CONSTANT  
 WALKS OCCUR:  BEFORE MEALS       AFTER MEALS       IN GOOD WEATHER ONLY       WEEKENDS ONLY  
 LEASH IS: ON  OFF

TIME OF WALK	DURATION	WITH WHOM?

WE HAVE NO YARD (skip to #44)

YARD IS IN: FRONT  BACK  SIDE

TYPE OF FENCE:.....

YARD IS FENCED:  COMPLETELY       PARTIALLY       NOT AT ALL

TIME OF YARD OUTING	DURATION	SUPERVISED?

44) Your dog's **LEASH** is ..... ft. long and is:  Leather  Metal  Nylon  Canvas  Rope  Retractable

45) What kind of **DOG COLLAR** does your dog wear a) for walks:..... b) around the house .....

46) The things you do NOT ENJOY about walking your dog include:

- The way s/he pulls on the leash
- Takes too much of your time
- Going out in bad weather
- Going out at night
- Your dog's aggression (lunges/jumps/barks/growls) toward .....
- Other: .....

**DOG TRAINING:** 

47) How old was your current dog when you began OBEDIENCE TRAINING? .....wks/mos/yrs

48) Have you done formal obedience training with previous dogs?  NO  YES  
How long ago? .....mos/yrs

49) Did you go to **OBEDIENCE SCHOOL** (group classes)?  NO  YES, for ....wks/mos

50) Did you have PRIVATE CLASSES?  NO  YES, for ....wks/mos  
Did you do any special kind of training? .....  NO  YES, for ....wks/mos  
Have you ever sent your dog away from home for training?  NO  YES, for ....wks/mos

51) What are the **5 BASIC COMMANDS** of dog obedience: 1) .....  
2) .....  
3) .....  
4) .....  
5) .....  
 Don't know  
 Are there really 5? (yup ☺; we will review these later, don't worry!)

52) What OTHER commands do you regularly use? 1) .....  
2) .....  
3) .....  
4) .....  
5) .....

**SHYNESS, ANXIETY & FEARS:** 

53) List the things, individuals or situations in which your pet is ANXIOUS or AFRAID (please show most important with a \*):

.....  
.....

54) Describe your pet's reaction to the MOST FRIGHTENING thing on the list: .....

.....  
.....

55) Describe your pet's reaction to the LEAST FRIGHTENING thing on the list: .....

.....  
.....



**AGGRESSION:** 

56) Your pet growls/snarls/hisses/bites/barks/scratches when (mark the most serious with a \*):

Your response to this is usually to:

- In the car .....
- People/dogs/cars pass your home .....
- The mailman comes .....
- Friends visit your home .....
- You pet/brush/touch your pet's.....
- A stranger comes to your door .....
- You remove a favorite toy or other object, namely.....
- You surprise/disturb your pet .....
- At the veterinary clinic .....
- You pick up or hold him/her .....
- Other: .....

Toward what person/people does your pet react most aggressively? .....

**MEDICAL HISTORY:**

57) Within the PAST 12 MONTHS, has your pet been:

- |  | <b>Yes</b>               | <b>No</b>                             |
|--|--------------------------|---------------------------------------|
| On medication (incl. Heartworm/Flea/Tick control)?   | <input type="checkbox"/> | <input type="checkbox"/> Which? ..... |
| Vaccinated   | <input type="checkbox"/> | <input type="checkbox"/>              |
| Examined by a veterinarian?                          | <input type="checkbox"/> | <input type="checkbox"/>              |
| Checked for intestinal parasites (stool sample?)     | <input type="checkbox"/> | <input type="checkbox"/>              |
| Tested for heartworm disease                         | <input type="checkbox"/> | <input type="checkbox"/>              |
| Tested for Feline Leukemia or other feline diseases? | <input type="checkbox"/> | <input type="checkbox"/>              |
| Admitted to a veterinary hospital?                   | <input type="checkbox"/> | <input type="checkbox"/> Why? .....   |

58) Has your pet EVER been:

- |   |                          |   |
|---|--------------------------|---|
| Sick?   | <input type="checkbox"/> | <input type="checkbox"/> Diagnosis? ..... |
| On any medication, alternative treatment or supplement? | <input type="checkbox"/> | <input type="checkbox"/> Specify: .....   |
| Hit by a car? Injured?                                  | <input type="checkbox"/> | <input type="checkbox"/> Specify: .....   |
| Diagnosed with a congenital abnormality?                | <input type="checkbox"/> | <input type="checkbox"/> Specify: .....   |
| On a special diet?                                      | <input type="checkbox"/> | <input type="checkbox"/> Specify: .....   |

59) PSYCHOACTIVE DRUG TREATMENTS attempted:

Psychoactive Medication or Alternative Treatment	How much & How often	Date Started	Date Discontinued	Describe Your Pet's Response

**YOUR EXPECTATIONS:** 

59) How do you want your pet to change as a result of this consultation? .....

60)  I STILL LOVE MY PET THE WAY I USED TO       I AM FALLING/HAVE FALLEN OUT OF LOVE WITH MY PET

61) What will you do if your pet's problem behavior does not improve quickly enough to meet this goal?

- CALL DR. SCHWARTZ                                       SCHEDULE A RECHECK WITH DR. SCHWARTZ       FIND ANOTHER HOME  
 RETURN THE PET TO: .....       EUTHANASIA (humane destruction)       OTHER:.....

62) On a **scale of 1 to 5** (1 = *No feeling* and 5 = *Most intense*) please circle the rating that best describes *how you feel* about your pet & his/her misbehavior:

- ANGRY    1 2 3 4 5    At whom? .....       SAD    1 2 3 4 5       STRESSED    1 2 3 4 5  
 FRUSTRATED    1 2 3 4 5       SCARED    1 2 3 4 5      Of what? .....

**Thanks for all your helpful information. Details shared on this form and during our discussions are confidential.**