



Exotic Pet BEHAVIOR CONSULTATION QUESTIONNAIRE

GENERAL INFORMATION

Name: _____

Address: _____ Postal (zip) code: _____

Email: _____

Phone: Home: _____ Business: _____ Fax: _____

For referred cases:

Veterinarian's name & clinic: _____

Clinic phone: _____ Clinic address: _____

How did you hear about our service? _____

Household Composition - People

Name, Gender, Age: _____

Name, Gender, Age: _____

Name, Gender, Age: _____

Name, Gender, Age: _____

Name, Gender, Age: _____

Name, Gender, Age: _____

Describe briefly how your pet gets along with each family member including any problems:

Regular visitors that your dog interacts with, such as employees, housekeepers, personal assistants, and landscapers. Also, please describe any specific difficulties:

Pet Information

Pet's Name: _____ Species _____

Breed: _____ Color/description _____

Age of pet: _____ Age when acquired: _____

Sex: _____ Spayed or Neutered? _____

From where did you obtain this pet? _____

How long have you had this pet? _____

Has this pet had other owners? _____

Describe your pet's personality _____

What do you like most about your pet? _____

Household Animals

Name: _____ Species: _____ Breed: _____

Age: _____ Sex: M F Neutered Spayed

Name: _____ Species: _____ Breed: _____

Age: _____ Sex: M F Neutered Spayed

Name: _____ Species: _____ Breed: _____

Age: _____ Sex: M F Neutered Spayed

Name: _____ Species: _____ Breed: _____

Age: _____ Sex: M / F Neutered Spayed

Name: _____ Species: _____ Breed: _____

Age: _____ Sex: M F Neutered Spayed

Describe how your pets get along with each other: _____

Have there been any recent changes to the household? (New baby? College student leaving?)

ENVIRONMENT/HUSBANDRY

Describe your pet's environment/cage/enclosure _____

What kind of bedding/substrate do you use for your pet? _____

How often is your pet's cage cleaned? _____

What do you use to clean your pet's cage/environment? _____

Daily Routine What percentage of the day does your pet spend in a cage? _____

What percentage of the day does your pet spend out of a cage? _____

Does your pet ever go outside? _____

What type of play/exercise does your pet receive? (How often? How long?)

What are your pet's favorite toys? _____

Does the amount of time you spend with your pet differ from weekday to weekend? _____

Does your pet have a favorite member of the household? _____

Diet History What do you feed your pet? (Specific type/brand) _____

How many meals does your pet eat each day? _____

How much do you feed at each meal? _____

How often do you give treats? _____

What types? (Be specific) _____

Do you give your pet vitamins? How often and what type? _____

How are these vitamins administered? _____

What is your pet's favorite food? _____

DAILY ACTIVITIES AND ROUTINE

Type of exercise/play: _____

Who exercises/plays? _____

How often/how long? _____

Favorite game(s): _____

Favorite toy(s): _____

Briefly describe the usual daily schedule for the family:

HANDLING

How does the pet react to the following types of handling:

Nail trimming? _____ Ear cleaning? _____

Brushing? _____ Bathing? _____

Rubbing belly? _____ Patting head? _____

Grabbing collar? _____ Being lifted? _____

Rolling over? _____ Teeth brushing? _____

Giving pills? _____ Giving liquid medications? _____

Hugging/kissing? _____

Training History

Was your pet hand-raised? Captive-bred?

Wild-caught? _____

Have you done any previous training with your pet? (If yes, please describe) _____

Briefly describe the training techniques: _____

What commands does your pet know? _____

Does your pet know any tricks? _____

Medical History

Date of most recent Veterinary health exam: _____

Does your pet have any Current Medical Problems? _____

Has your pet had any problems/changes with appetite? _____

Any changes in fecal/stool consistency? Diarrhea? Constipation? _____

Any problems with vomiting? Regurgitation? _____

Is your pet receiving any flea medication? _____

Is your pet receiving any heartworm medication? _____

Has your pet been dewormed? (Be specific) _____

Is your pet currently vaccinated? Rabies? _____ Distemper? _____

Does your pet keep itself well-groomed? _____

Has your pet had any previous surgeries? _____

Does your pet have a history of foreign body ingestion? _____

Primary Behavioral Complaint What is the reason for this consult? _____

When did the problem begin? _____

What has been attempted already to solve this problem? _____

Has the problem improved, stayed the same, or worsened? _____

Describe the problem in detail: _____

Please describe any factors not covered in this form that you think may be important for understanding and treating your pet. _____

