

## General Behavior History Form

Tenaflly Veterinary Center – Dr. Ohad Barnea, Dr. Kyoung Han  
Tenaflly, NJ 07670

Owner's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

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

Age: \_\_\_\_ Sex: \_\_\_\_ Breed: \_\_\_\_\_

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

Neutered/Spayed? Yes  No

Previous pet ownership and list of other household pets, names, ages and whether they are spayed or neutered. \_\_\_\_\_  
\_\_\_\_\_

Please also list names and ages of other family members who live at home. \_\_\_\_\_  
\_\_\_\_\_

Describe 24 hours in the life of the pet.

Where does it sleep? \_\_\_\_\_

When does it get up? \_\_\_\_\_

When and what is it fed? Who does the feeding? \_\_\_\_\_

When does it go outside and for how long? \_\_\_\_\_

Does it roam free? \_\_\_\_\_

Where does it stay during the day? \_\_\_\_\_

How long alone? \_\_\_\_\_

What does it do during family meals? \_\_\_\_\_

Is there any specific time devoted to play and/or training on a daily basis? Yes  No

What types of toys does your pet play with? \_\_\_\_\_

Where did you obtain this pet? \_\_\_\_\_

How old was it at time you got it? \_\_\_\_\_

Any history on the previous owner or home? \_\_\_\_\_  
\_\_\_\_\_

Has this pet ever been to any obedience classes? Yes  No

Who took the pet? \_\_\_\_\_

How well did it do in class? \_\_\_\_\_

What will your pet do on command? \_\_\_\_\_

How would you describe your pet's personality? \_\_\_\_\_

Is your pet currently on any medications to treat the behavior problem? Yes  No

If yes, what is the name of the medication and the current dosage? \_\_\_\_\_

Has your pet been on medications for behavior problems in the past? Yes  No

If yes, what were they? \_\_\_\_\_

How does the pet behave with family members? \_\_\_\_\_

Is there aggression in the following circumstances? (*growling, snarling, nipping, biting or attack*)

(*Yes, No, N/A*)

Touch food \_\_\_\_\_

Hugging \_\_\_\_\_

Handling body \_\_\_\_\_

Disturb rest \_\_\_\_\_

Mother \_\_\_\_\_

Walking with leash \_\_\_\_\_

Father \_\_\_\_\_

Discipline \_\_\_\_\_

Children \_\_\_\_\_

Take objects \_\_\_\_\_

Grooming \_\_\_\_\_

What is the problem you are having with this pet? Describe. \_\_\_\_\_

When did the problem behavior begin? \_\_\_\_\_

How frequently does it occur? \_\_\_\_\_

How long has this problem been going on? \_\_\_\_\_

How old was the pet when it began? \_\_\_\_\_

***If the problem is aggression, please complete the following portion.***

Describe the most recent incident and the setting it occurred in. \_\_\_\_\_

Where was the pet? \_\_\_\_\_

Where was everyone in relation to the pet? \_\_\_\_\_

What was everyone doing before the incident? \_\_\_\_\_

What did the pet do? \_\_\_\_\_

What was the pet's body posture? (*ears, tail, face, hair*) \_\_\_\_\_

What was your reaction? \_\_\_\_\_

How did the pet react to your reaction? \_\_\_\_\_

Was there any punishment? \_\_\_\_\_

If there was a bite wound was it a puncture wound or a tear? \_\_\_\_\_

Describe the incident before the most recent. \_\_\_\_\_

Progress backwards in time and relate other incidences of the behavior.

Describe the 3 most recent. \_\_\_\_\_

How frequently does this problem occur?

\_\_\_\_ times per day    \_\_\_\_ times per week    \_\_\_\_ times per month    \_\_\_\_ times per year

When does the problem occur?

When left alone? Always  Usually  Rarely  Never

When family member are present? Always  Usually  Rarely  Never

What methods have you used in the past to correct the behavior problem(s)? \_\_\_\_\_

What other behaviors does your engage in that are objectionable to you? \_\_\_\_\_

How have you tried to correct those? \_\_\_\_\_

Has there been any change in your household routine? Yes  No

If yes, please describe. \_\_\_\_\_

How does your pet behave when visitors come to the house? (*barking, door charging*) \_\_\_\_\_

Does your pet display aggression to visitors to your home? Yes  No

If yes, please describe. \_\_\_\_\_

Has your pet ever bitten a visitor to your home? Yes  No

If yes, please describe. \_\_\_\_\_

Has your pet ever shown aggression (*growling, snarling, snapping, or biting*) to family members?

If yes, please describe. \_\_\_\_\_

Has your pet ever bitten a family member? Yes  No

If yes, please describe. \_\_\_\_\_

If the problem is house soiling, does it occur:

When you are gone? \_\_\_\_\_

When someone is home? \_\_\_\_\_

If the problem is destruction, does it occur:

When you are gone? \_\_\_\_\_

When someone is home? \_\_\_\_\_

How would you describe your relationship with this pet?

Mother \_\_\_\_\_

Father \_\_\_\_\_

Children \_\_\_\_\_

What are your feelings about the pet's present behavior?

Mother \_\_\_\_\_

Father \_\_\_\_\_

Children \_\_\_\_\_

Is there anything else you would like to add about your pet and its behavior? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is your expectation for change? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_