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**Michigan State University Behavioral Health and Wellness Service**

Veterinary Medical Center | 736 Wilson Rd. | East Lansing, MI 48824

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 Phone: (**517) 353-5420** | Fax: (**517) 619-1968**

**Owner Information:**

|  |  |
| --- | --- |
| Name |  |
| Partner |  |
| Email |  |
| Phone |  |

**Pet Information:**

|  |  |
| --- | --- |
| Pet’s Name:       | Breed:      |
| [ ]  Male (neutered)[ ]  Female (spayed)[ ]  Male (intact)[ ]  Female (intact) | Age currently:      Age when obtained:      Age neutered/spayed:       | Weight:       |
| Where did you obtain your pet?       |

**Household Information:**

List *each person living in the household*, comment on that person’s relationship with the pet:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Age | Preferred Pronouns | Hours away/day | Relationship |
|  |       | He/Him [ ]  She/Her[ ] They/Them [ ]  |       |       |
|  |       | He/Him [ ]  She/Her[ ] They/Them [ ]  |       |       |
|  |       | He/Him [ ]  She/Her[ ] They/Them [ ]  |       |       |
|  |       | He/Him [ ]  She/Her[ ]  They/Them [ ]  |       |       |

List all *other pets in household* and comment on the relationships between the pets.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Pet’s name | Species | Breed | Age | Sex  | Neutered? | Weight | Relationship |
|  |       |       |       | M [ ]  F [ ]  | Y [ ]  N [ ]  |       |       |
|  |       |       |       | M [ ]  F [ ]  | Y [ ]  N [ ]  |       |       |
|  |       |       |       | M [ ]  F [ ]  | Y [ ]  N [ ]  |       |       |
|  |       |       |       | M [ ]  F [ ]  | Y [ ]  N [ ]  |       |       |

**Principal Behavior Complaint:**

Summarize the primary behavior problem in one sentence:

How would you describe the severity of this problem?

[ ]  Mild

[ ]  Moderate

[ ]  Severe

|  |
| --- |
| At what age was your pet when the problem began?       |
| Were there any changes in the home at that time?       |

Briefly describe the last two incidents of the primary problem behavior:

1. Date:

Description:

1. Date:

Description:

How frequently does the problem occur?

List any training techniques you have used to address the problem: *Put* ***(+)*** *next to items that helped,* ***(-)*** *next to items that made things worse, and* ***(0)*** *next to items with no effect.*

1.

2.

3.

Additional:

List any medications or supplements used to address the problem: *Put* ***(+)*** *next to items that helped,* ***(-)*** *next to items that made things worse, and* ***(0)*** *next to items with no effect.*

1.

2.

3.

Additional:

**What is your primary goal in coming to see the MSU Veterinary Behavior Service?**

Have you considered euthanasia?

[ ]  Yes

[ ]  No

 Have you considered rehoming your pet?

[ ]  Yes

[ ]  No

Please comment:

**Environmental Information:**

Please describe your home:

[ ]  House

[ ]  Townhouse

[ ]  Apartment

[ ]  Other:

Do you have a fenced yard?

[ ]  Yes

[ ]  No

Note any situation(s) in which your pet is muzzled for safety:

Are you or any family member ever afraid of your pet?

Has your pet been reported to animal control or public health authorities for biting?

[ ]  Yes

[ ]  No

Is your pet currently in 10-day quarantine for biting?

[ ]  Yes

[ ]  No

What is your dog’s reaction to loud noises (storms, fireworks, etc.)?

What is your dog’s reaction to your departures/homecomings?

What do you suspect your dog does when you are away?

How much time is your dog alone on a daily basis?

Have you ever used a crate/kennel for confinement?

[ ]  Yes

[ ]  No

Do you still utilize a crate for this pet?

[ ]  Yes

[ ]  No

**Medical History:**

Is your pet up to date on routine vaccinations, including Rabies?

[ ]  Yes

[ ]  No

Indicate any **medication(s)** your pet currently receives:

|  |  |  |  |
| --- | --- | --- | --- |
| Medication | Dose (mg) | How often? | Reason given? |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |

Please list any **medical problems** your pet has experienced:

|  |  |  |
| --- | --- | --- |
| Problem | Date(s) if known | Ongoing? (Check one) |
|  |       | Yes [ ]  No [ ]  |
|  |       | Yes [ ]  No [ ]  |
|  |       | Yes [ ]  No [ ]  |

**Does your pet eat a prescription diet or have any dietary restrictions?**

**Any food allergies in your family?**

**Veterinary Information:**

|  |
| --- |
| Primary veterinarian’s name:       |
| Name of clinic or hospital:       |
| City, State:       |

**How did you learn about the MSU Veterinary Behavior Service?**

*Thank you for taking the time to complete this form. We look forward to seeing you and your pet.*