**Text

Description automatically generated**

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

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

[behavior@cvm.msu.edu](mailto:behavior@cvm.msu.edu) |[cvm.msu.edu/hospital/services/behavior](http://cvm.msu.edu/hospital/services/behavior)

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.*