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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 (Circle one) | 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

**Environmental Information:**

Are you having a house-soiling problem with your cat(s)? Yes [ ]  No [ ]

If so, what type of house-soiling problem? Urine [ ]  Feces [ ]  Both [ ]

If your pet is having a urinary house-soiling problem, create a map of your home below; hand-drawn is fine. Use these keys to indicate the location(s) of each of the following: O = food/water bowls, U = urine (pee) house-soiling, X = fecal (poop) house-soiling, and numbers (1, 2, 3, etc.) = litter box(es).

Have you ever seen your cat spray urine? Yes [ ]  No [ ]

How often (per day or per week) do you find urine or feces outside the litter box?

If you have more than one cat, which of your cats is house soiling?

How do you know that this cat is the “culprit”?

In what room(s) does your cat house-soil?

In what room(s) to which your cat has access does house-soiling **never** occur?

What is your cat’s preferred surface(s) for house-soiling (carpet/rugs, bed, laundry, etc.)?

**Litter Box/Use Information:**

Number of litter boxes in your home:

How often are litter boxes scooped out?

What type (clay, clumping, newspaper, etc.) and brand of litter do you use?

What other litter types/brands have you tried?

1.

2.

3.

**Additional Behavioral Information:**

Are you having a problem with aggression in your cat? Yes [ ]  No [ ]

If so, to whom is the aggression directed? People [ ]  Cat(s) [ ]  Both [ ]

Is your pet muzzled or sedated for routine veterinary visits? Yes [ ]  No [ ]

Are you or any family member ever afraid of your pet?      Yes [ ]  No [ ]

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 [ ]

Are you able to medicate your cat yourself? Yes [ ]  No [ ]

What is the best way for you to give your cat medication?

**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.*