

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

**Pet Owner Name:** \_\_\_\_\_

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

**AFTER COMPLETING THE BELOW CHECKLIST, DISCUSS YOUR RESPONSES AND ANY OTHER BEHAVIOR CONCERNS WITH YOUR VETERINARIAN.**

	Y	N
Have there been any recent changes in the home environment?		
Do you anticipate any future changes in the home environment? (new pets, children, extended vacation)		
Are you worried about any recent behavior changes in your pet?		
Have your pet's sleeping or activity habits changed recently?		
Have your pet's eating habits changed recently?		
Have you noticed any changes in your pet's elimination habits that are of concern to you? (frequent urination, housesoiling, coprophagia/stool-eating)		
Does your pet cause any destruction to your home or environment that you view as abnormal?		
Does your pet seem fearful or anxious when boarded, groomed or during vet visits?		
Does your pet seem to be negatively affected by loud noises, such as fireworks, thunderstorms or guests?		
Are you able to calm your pet in a reasonable amount of time?		
Does your pet exhibit aggressive behavior that you consider abnormal and/or is affecting your relationship with your pet? (growling, biting, barking, snarling, lunging)		
Has your pet displayed signs of aggression toward people, animals or moving objects?		
Has your pet ever bitten anyone?		
Does your pet vocalize excessively?		
Does your pet show fear, anxiety or avoidance of visitors to the home?		