Mizzou Animal Behavior Clinic

Dr. Colleen S. Koch, DVM
1092 Wentzville Parkway
Wentzville, MO 63385
(636)332-5041
mucvmbehavior@missouri.edu

Feline Behavior History Form

Owner Information

Name:	
Address / City and State:	
Home and Cell Phone:	Home: Cell:
Employer's Name:	
Employer's Address City, State and Zip:	
Work Phone:	
Email:	
Preferred method and time to contact you	Method: ; Time:
Preferred Local Pharmacy:	Name: Phone #: Fax #:
Family Veterinarian	Name: Phone #: Fax #: Email:
Referred by:	Name:

Basic Patient Information

Patient's Name:	
Age:	
Breed & Color:	Breed: Color:
Sex:	☐ Female ☐ Male
Spayed or Neutered: Age when performed:	☐ Spayed ☐ Neutered Age:
Is your cat declawed? If so at what age?	☐ No ☐ Yes; ☐ Front ☐ Back ☐ Both; Age:
Weight: Body Condition Score:	lbs kg ☐ Very Thin ☐ Thin ☐ Normal ☐ Overweight ☐ Obese
Date and Age when acquired (if known):	Date: Age:
How long have you owned the pet:	
Source:	☐ Own breeding ☐ Breeder /Cattery ☐ Private home ☐ Pet shop ☐ Humane society/ rescue ☐ Stray ☐ Farm/outside ☐ Don't know Other:
Litter size (if known):	
Age when weaned (if known):	
If obtained as a kitten how was the kitten raised:	☐ Inside house ☐ Outside only ☐ Cattery ☐ House & garage ☐ Free run of house ☐ Specific room ☐ Don't know Other:
Primary purpose for which kitten was	☐ Adult's pet ☐ Family Pet ☐ Children's pet

obtained:	☐ Show cat ☐ Breeding ☐ Farm/outside ☐ Looks Other:
If the cat was previously owned, for what primary purpose was the cat kept:	☐ Adult's pet ☐ Family Pet ☐ Children's pet ☐ Show ☐ Breeding ☐ Farm/outside ☐ Don't know ☐ Research/ teaching Other:
How did you select this particular cat:	☐ Breeder selected ☐ No Choice ☐ Most timid/shy ☐ Most outgoing ☐ Biggest ☐ Assertive ☐ Smallest ☐ Submissive ☐ Looks ☐ N/A ☐ Other:
Describe your cat's personality as a kitten:	To Owner: ☐ Friendly ☐ Aloof ☐ Aggressive ☐ Shy To Strangers: ☐ Friendly ☐ Aloof ☐ Aggressive ☐ Shy ☐ Happy outgoing ☐ Anxious ☐ Inhibited ☐ Hyper-excitable ☐ Submissive ☐ Fear of noises ☐ Fearful of environment ☐ Don't know Other:
Describe your cat's current personality:	To Owner: ☐ Friendly ☐ Aloof ☐ Aggressive ☐ Shy To Strangers: ☐ Friendly ☐ Aloof ☐ Aggressive ☐ Shy ☐ Happy outgoing ☐ Anxious ☐ Inhibited ☐ Hyper-excitable ☐ Submissive ☐ Fear of noises ☐ Fearful of environment Other:
Has your cat been bred?	☐ Yes ☐ No ☐ Don't know
If bred how many litters? Average litter size:	
How much interaction did the kitten have with people in the first year of life:	☐ Household members ☐ Occasional guests ☐ Frequent guests ☐ Children < 6yrs ☐ Children 7-11 yrs ☐ Children >12 years ☐ Veterinary clinic ☐ Groomer ☐ Don't know
What method of litter training was used:	
Your reaction to mistakes during house training:	
Was there any interaction with other kittens/cats, provide details:	
Did your cat attend kitten parties?	☐ Yes ☐ No

Current Members Dwelling in the Home

Please describe the home environment by listing the name of each family member living at home as well as frequent visitors. Please put a ** next to the primary caregiver

Name:	Family Relationship	Age:	Sex:	Occupation:	Describe how they get along with the cat:	Present at consult:

Your Pets Environment

Please feel free to send pictures, diagrams and or videos to help us better understand the layout of your house, yard and your pets environment, including litter boxes, windows, doors, feeding areas.

What type of home do you have: If other, provide details:	☐ Apartment ☐ House ☐ Condo ☐ Townhome ☐ Other Details:
What type of area do you live in:	☐ Urban ☐ Suburban ☐ Rural ☐ Busy/lots of activity ☐ Quiet ☐ Moderate ☐ Other Details:
What areas of your home does your cat have access to:	
Do you have a backyard?	☐ Yes ☐ No
If yes, what type of fencing/containment do you use for your cat:	☐ Chain link /livestock ☐ Privacy ☐ Invisible fence ☐ Outdoor kennel ☐ Other Height of fence: Details:

Other Household Pets

Have you owned cats previously?	☐ Yes ☐ No
Have you owned this breed of cat previously?	☐ Yes ☐ No
Have you owned other pets previously?	☐ Yes ☐ No

Please list ALL the animals in the household in the sequence they were obtained.
Please describe the nature of the cat's interaction with this pet (eg occasional growls, avoidance, plays)

Name	Age obtained	Age current	Weight	Species/ Breed	Spayed or Neutered	Interaction
					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes	

					☐ No	
					☐ Yes ☐ No	

Medical History

Date of last veterinary visit	
What are the most recent set of vaccinations received and date, select all that apply:	☐ Rabies ☐ 1yr ☐ 3 yr Date: ☐ Rhino/Calici/Panleukopenia Date: ☐ Feline Leukemia Date: ☐ Feline Infectious Peritonitis Date: ☐ Feline Immunodeficiency Virus Date: Other: Date:
Date dewormed:	
Provide medical history (infection/surgeries) and prescribed treatment:	History: Treatment: History: Treatment: History: Treatment: History: Treatment:
Current/regular medications: (Such as allergy/heartworm/herbal/over the counter/pain medication/ supplements/topical flea and tick, etc.) Route administered= oral, topical, eyes, ears, etc.	
Medication: Dose: Medication: Dose: Medication: Dose: Medication: Dose: Medication: Dose:	Route: Frequency given: Route: Frequency given: Route: Frequency given: Route: Frequency given: Route: Frequency given:
Has there been any change in: Drinking- Eating-	☐ Yes ☐ No Details: ☐ Yes ☐ No Details:
Have you noticed any of the following:	☐ Coughing ☐ Sneezing ☐ Vomiting ☐ Diarrhea ☐ Hairballs
Has your cat ever been treated for their behavior in the past? If so, describe treatment and medication (if applicable):	☐ Yes ☐ No If so, describe treatment: Medications: Dose: Medications: Dose: Medications: Dose: Medications: Dose:
Does your pet have or ever had any seizures:	☐ Yes ☐ No

Diet and Feeding Habits

Type(s) of Food: % of each Brand(s): (i.e.: Purina, Friskies, Eukanuba…)	Dry: Can: Table scraps: Special meal: Brand(s):
Who is primarily responsible for the feeding:	Name:
How much food is given: What is the approximate time(s) of day :	How much food: Time of Day:
Feeding schedule is: Describe the feeding process:	☐ Consistent ☐ Varies
Where is the cat fed (physical location):	
Where is the cat fed in relation to other cats/ pets in the household:	
Is the cat protective of their food (growl, snap,	☐ Yes ☐ No

hiss swat, or bite)? If so, provide details:	Details:
Describe your cat's appetite: What speed do they typically eat at:	☐ Good ☐ Average ☐ Poor ☐ Fast ☐ Slow
Do you have to be present for your cat to eat?	☐ Yes ☐ No
What are your cats favorite foods:	
Do you give your cats treats? If yes, is it contingent on behavior? If yes, describe how treats are used:	☐ Yes ☐ No Types of treats: ☐ Yes ☐ No How treats are used:
How much does your cat drink in a day (in pints or liters): How many water bowls are provided:	
Do you add any supplements to their diet? If so, provide details:	☐ Yes ☐ No Details:
How many litter boxes are there?	

Location of litter boxes:	☐ Living area ☐ Spare room ☐ Basement ☐ Kitchen ☐ Laundry room ☐ Hallway ☐ Bathroom ☐ Closet ☐ Other Details:
Type of litter box:	☐ Open ☐ Automatic/self cleaning ☐ Covered (☐ top; ☐ front entrance) ☐ Other Dimensions:
Type of litter:	☐ Clumping ☐ Shavings ☐ Sand ☐ Clay ☐ Crystals ☐ Newspaper (☐ Pelleted, ☐ Shredded) ☐ Wheat or corn based ☐ Deodorized ☐ Scented ☐ Unscented ☐ Consistent ☐ Varies ☐ Liners used (☐ Yes ☐ No; ☐ Always ☐ Varies) ☐ Other Details:
Litter box maintenance:	Scooped: ☐ < 1x/week ☐ weekly ☐ several times/week ☐ daily ☐ >1x/day ☐ Other ☐ Consistent ☐ Varies Details: Washed: ☐ < 1x/week ☐ weekly ☐ several times/week ☐ daily ☐ monthly ☐ Other ☐ Consistent ☐ Varies Products used to wash: Completely emptied: ☐ >1x/week ☐ weekly ☐ monthly ☐ yearly ☐ never
Litter box habits:	Cat scratches litter before (☐ Yes ☐ No) & after elimination (☐ Yes ☐ No) Cat covers feces: ☐ Yes ☐ No Other: Cat puts all four feet in box: ☐ Yes ☐ No If no, describe which feet are out and where they are placed: Does your cat vocalize when eliminating? ☐ Yes ☐ No If yes, is it during: Urination: ☐ Yes ☐ No ☐ Sometimes ☐ Always; Bowel movements: ☐ Yes ☐ No ☐ Sometimes ☐ Always; Describe any other unusual litter box habits:
Elimination outside of the box.	☐ Yes ☐ No . If yes, Please draw a diagram of your house showing the locations of litter boxes, sleeping areas (humans and pets), feeding areas, water bowls, doors and windows as well as placed the cat has eliminated.

Daily Activities

Where does your cat sleep:	
When does your cat get up in the morning:	
Does your pet ever wake you at night? If yes, how often and any idea why:	☐ Yes ☐ No How often:
Does your cat get to go outside? If so how long do they like to stay out:	☐ Yes ☐ No How long:
How does your cat ask to go outside:	
Does your cat roam free in the yard:	☐ Yes ☐ No
What type of exercise does your cat receive: If other, provide details:	☐ Walk ☐ Fetch ☐ Laser ☐ Food puzzles Details:
Exercise schedule including average hour/day	☐ < 1/week ☐ once/day ☐ twice/day ☐ 3x/day ☐ several times/week ☐ >3x/day ☐ Other ☐ Consistent ☐ Varies Details:
Is there any specific time devoted to play or training on a daily basis:	☐ Yes ☐ No
Does your cat play games with you or other family members? If yes, provide details:	☐ Yes ☐ No Details:
Who initiates play:	☐ Cat ☐ People
What types of toys does your cat play with: If other, provide details:	☐ Balls ☐ Squeaky toys ☐ Crinkle toys ☐ Fake mice ☐ Catnip ☐ Feather toys ☐ Other Details:
Where does your cat stay during the day when no one is home:	☐ Cage ☐ Specified Room ☐ Free Run (in house) ☐ Free Run (fenced yard) ☐ Outside cage ☐ Basement ☐ Garage ☐ Other Describe:
Typically, how long is your cat left alone without people on any given day: Consistent or varied?	☐ Consistent ☐ Varies
Does your cat ever engage in the following behaviors while you are gone? If so, is it every time you are gone? Have you ever videotaped your cat while gone?	☐ Vocalize ☐ Destructive behaviors ☐ Urinate (outside of the litter box) ☐ Defecate (outside of the litter box) ☐ Self licking/chewing ☐ Yes ☐ No ☐ Yes ☐ No
What does your cat do when you arrive at home?	Details:
What does your cat do during family meals:	
Has there been any change in your household routine (new baby, new work hours…)? If yes, provide details:	☐ Yes ☐ No Details:
List 5 things your cat likes the most (activities, food, toys…)	
Training	
How would you rate your cats learning ability:	☐ Poor ☐ Fair ☐ Average ☐ Excellent
Please describe any training that you or someone	

else has done with your cat:	
Does your cat know any tricks:	
How do you correct your cat when he/she misbehaves:	

Type of Discipline Used

Type of discipline	Describe method	Situations that method is used	Pet's Response	Improves behavior	Behavior is
None ever				☐ Yes ☐ No	☐ Increasing ☐ Decreasing ☐ The same
Verbal reprimand				☐ Yes ☐ No	☐ Increasing ☐ Decreasing ☐ The same
Distraction				☐ Yes ☐ No	☐ Increasing ☐ Decreasing ☐ The same
Redirection				☐ Yes ☐ No	☐ Increasing ☐ Decreasing ☐ The same
Startling				☐ Yes ☐ No	☐ Increasing ☐ Decreasing ☐ The same
Physical				☐ Yes ☐ No	☐ Increasing ☐ Decreasing ☐ The same
Shock				☐ Yes ☐ No	☐ Increasing ☐ Decreasing ☐ The same
Time out				☐ Yes ☐ No	☐ Increasing ☐ Decreasing ☐ The same
Shake down or scruff				☐ Yes ☐ No	☐ Increasing ☐ Decreasing ☐ The same
Roll over				☐ Yes ☐ No	☐ Increasing ☐ Decreasing ☐ The same
Water				☐ Yes ☐ No	☐ Increasing ☐ Decreasing ☐ The same
Noise can or Air can				☐ Yes ☐ No	☐ Increasing ☐ Decreasing ☐ The same
Other				☐ Yes ☐ No	☐ Increasing ☐ Decreasing ☐ The same

Interaction With Family Members

Reaction to handling – Is there any aggression in the following circumstances? This can include growling, hissing, lunging, slapping, showing teeth, or even biting. If biting please describe the injury. Fill out the following tables depicting your feline's typical reaction:
In each box, , describe the typical type of aggression (growling, hissing, slapping, biting, etc) shown

	Aggression	Aggression is directed at: (include all individuals and circumstances)	If not aggressive, what does your pet do in these situations
Hugging	☐Yes ☐No		
Reaching over / petting head	☐Yes ☐No		
Petting cat elsewhere	☐Yes ☐No		
Disturbed when resting	☐Yes ☐No		
Disciplining	☐Yes ☐No		
Taking food away	☐Yes ☐No		
Taking other objects	☐Yes ☐No		
Grooming/Brushing	☐Yes ☐No		
Nail trimming	☐Yes ☐No		
Bathing	☐Yes ☐No		
Grasping collar or restraining	☐Yes ☐No		
Roughhousing	☐Yes ☐No		
Lifting the cat up	☐Yes ☐No		
Physical punishment	☐Yes ☐No		
Taking on/off collar	☐Yes ☐No		
Staring at cat	☐Yes ☐No		

Interaction With Others

How does your cat behave when visitors come to the house (i.e. –Hiding, hissing, door charging): How do you respond?	
Is the behavior different towards **familiar** and **unfamiliar** people? If yes, provide details:	☐ Yes ☐ No Details:
Does your cat display aggression (growling, hissing, slapping, biting) to visitors **inside** your home? If yes, provide details:	☐ Yes ☐ No Details:
Has your cat ever bitten or attacked anyone? If yes, how many:	☐ Yes ☐ No Details:
What is your cat's response to: Frequent visitors: Occasional visitors: Rare visitors:	Frequent: Occasional: Rare:

Describe your pet's reaction in the following situations

Familiar men	Details:

Familiar women	Details:
Familiar babies	Details:
Familiar children, 1-6 yrs old	Details:
Familiar children, 7-11 yrs old	Details:
Familiar children 12-18 yrs old	Details:
Unfamiliar babies	Details:
Unfam children, 1-6 yrs old	Details:
Unfam children, 7-11 yrs old	Details:
Unfam children,12-18 yrs old	Details:
Other animals (cats, dogs, birds)	Details:
Crowds/busy areas	Details:
Unfamiliar cats on property	Details:
Carrier or crate	Details:
Riding in the car	Details:
Vacuum cleaner and/or broom	Details:
Thunder and or loud noises	Details:

Behavior at pet care facilities

Veterinary office	☐ Happy to greet everyone, friendly ☐ Neutral ☐ Fine ☐ Cowers, fearful ☐ Struggles to get away/escape ☐ Aggressive with restraint ☐ Aggressive as soon as approached ☐ Needs to be muzzled ☐ Needs to be sedated ☐ Other
Groomers	☐ Happy to greet everyone, friendly ☐ Neutral ☐ Fine ☐ Cowers, fearful ☐ Struggles to get away/escape ☐ Aggressive with restraint ☐ Aggressive as soon as approached ☐ Needs to be muzzled ☐ Needs to be sedated ☐ Other ☐ N/A
Boarding Facility	☐ Happy to greet everyone, friendly ☐ Neutral ☐ Fine ☐ Cowers, fearful ☐ Struggles to get away/escape ☐ Aggressive with restraint ☐ Aggressive as soon as approached ☐ Needs to be muzzled ☐ Needs to be sedated ☐ Other ☐ N/A

Bite History

Has your cat ever bitten:	Who / Name	What part of body	Did it break the skin	Severity	Trigger (what instigated the bite)
Person ☐ Yes ☐ No		Details:	☐ Yes ☐ No	Details:	Details:
Another cat ☐ Yes ☐ No		Details:	☐ Yes ☐ No	Details:	Details:
Household pet ☐ Yes ☐ No		Details:	☐ Yes ☐ No	Details:	Details:
Other animal ☐ Yes ☐ No		Details:	☐ Yes ☐ No	Details:	Details:
Other ☐ Yes ☐ No		Details:	☐ Yes ☐ No	Details:	Details:
Is there legal action pending due to your cat's aggressive behavior?					☐ Yes ☐ No

When does your cat's rabies vaccine expire?	

The Current Problems

Presenting problems (in order of importance)	Goals and acceptable outcomes

Problem History

Primary problem to be addressed	
Is this a chronic (constant) or intermittent problem:	☐ Chronic ☐ Intermittent
Where does the problem commonly occur:	
Who is present:	
How often:	
When was the first incident?	
Where there any changes at that time?	
If house soiling, does it occur when you're:	☐ Home ☐ Away ☐ Both
If destructive, does it occur when you're:	☐ Home ☐ Away ☐ Both
What triggers the incident?	
Additional details surrounding the problem:	
What was the cat's reaction to your response:	
Was there any punishment? If so, what:	☐ Yes ☐ No Punishment:
Was there a bite wound:	☐ Puncture ☐ Tear ☐ Other
Prior to this incident, describe the previous three incidents:	1 2 3
How frequently does this type of incident occur:	☐ Multiple times a day ☐ Daily ☐ Several times a week ☐ Weekly ☐ Monthly Other:
Does this problem occur when left alone:	☐ Always ☐ Sometimes ☐ Never
Does this problem occur when family members are present:	☐ Always ☐ Sometimes ☐ Never
What has been done to correct the problem:	
Is the problem getting:	☐ Better ☐ Worse ☐ No Change
Do you suspect any cause:	
Previous treatment (s):	
After previous treatment the behavior was:	☐ Better ☐ Worse ☐ No Change; Details:
Were medications or natural remedies used?	☐ **Yes** ☐ **No**

Name of medications/ remedies used (to alter behavior)	**Dose**	**How long used**	**Effect**	**Side effects**

Relationship with Feline

How would you describe your/ family's relationship with this cat:	
What are your/family's feelings about the cat's present behavior:	
What is your expectation for change:	
How would you describe the severity of this problem?	☐ Mild ☐ Moderate ☐ Severe
Have you considered removing your pet from the home if the problem cannot be improved?	☐ Yes ☐ No Comment:
Under what circumstances would you consider relinquishing the cat to a shelter or rescue:	
Have you considered euthanasia?	☐ Yes ☐ No Comment:
What are acceptable outcomes following behavior treatment if the pet cannot be "cured"?	
Please list any other information that you think might be helpful in the diagnosis of your pet.	
How do you learn best?	

Please check the statements that best describe how you are feeling

I am here out of curiosity; the problem is not serious.	☐
I would like to change the problem, but it is not serious.	☐
The problem is serious and I would like to change it; if it remains unchanged that's all right.	☐
The problem is serious and I would like to change it; if it remains unchanged I will keep my cat.	☐
The problem is serious and I would like to change it; if it remains unchanged I will euthanize my cat or give him/her up.	☐

Please check the statements that best describe how you feel about using medication to treat your pet

I wish to use **behavior modification alone** to improve my pet's behavior.	☐
I wish to use behavior modification alone but **will consider using medication** if it is recommended.	☐
I wish to use **a combination** of behavior modification and medications to improve my pet's problem.	☐
I wish to use a combination of **behavior modification and natural supplements** to improve my pet's behavior problem.	☐
I fully anticipate using **medications** to improve my pet's problem.	☐
I am concerned about using medication or behavior modification because:	

Other Problems

Urine Marking	☐Yes ☐No	Diarrhea/ vomiting	☐Yes ☐No	House soiling	☐Yes ☐No
Nervous/anxio	☐Yes ☐No	Meowing/howlin	☐Yes ☐No	Rolling in	☐Yes ☐No

us		g/ crying		unsavory items	
Demands attention	☐Yes ☐No	Demands touch	☐Yes ☐No	Jumps up on people	☐Yes ☐No
Wants own way	☐Yes ☐No	Aggressive to owners	☐Yes ☐No	Aggressive to strangers	☐Yes ☐No
Aggr. to cats in household	☐Yes ☐No	Aggr. to strange cats	☐Yes ☐No	Aggr. to other animals	☐Yes ☐No
Anorexia	☐Yes ☐No	Chewing objects	☐Yes ☐No	Coprophagia	☐Yes ☐No
Compulsive eating	☐Yes ☐No	Compulsive drinking	☐Yes ☐No	Eating Grass/ Plants	☐Yes ☐No
Pica	☐Yes ☐No	Eating garbage	☐Yes ☐No	Prey catching	☐Yes ☐No
Stealing food	☐Yes ☐No	Light/shadow chasing	☐Yes ☐No	Depressed inappetent	☐Yes ☐No
Fly snapping	☐Yes ☐No	Air/mouth licking	☐Yes ☐No	Scratching self	☐Yes ☐No
Licking self	☐Yes ☐No	Sucking on self	☐Yes ☐No	Chewing on self	☐Yes ☐No
Cannibalism	☐Yes ☐No	Checking hind end	☐Yes ☐No	False pregnancy	☐Yes ☐No
Masturbation	☐Yes ☐No	Mounting people	☐Yes ☐No	Mounting animals	☐Yes ☐No
Self nursing	☐Yes ☐No	Circling/whirling	☐Yes ☐No	Tail biting	☐Yes ☐No
Hyper reactive	☐Yes ☐No	Pacing, figure 8s	☐Yes ☐No	Lameness/cond.	☐Yes ☐No
Digging	☐Yes ☐No	Scratching objects	☐Yes ☐No	Freezing	☐Yes ☐No
Fear of thunder	☐Yes ☐No	Fear of people	☐Yes ☐No	Fear of situations	☐Yes ☐No

By completing the questionnaire, reading and signing below you are authorizing us to evaluate, determine a treatment plan for your pet. A written copy of the discharge instructions will be given to you and a summary to your veterinarian. You are encouraged to adhere to the recommendations. If you do not understand the instructions, or are having difficulty implementing or complying with them, please notify us so you can be given appropriate instructions in how to proceed. Your appointment includes three months of follow up via email or phone calls.

Videos and photos may be taken during the consult.

- Any videos or photos taken become part the record and may be used anonymously for teaching, including staff, students, other veterinary personnel or clients as well as research.

The doctor may recommend that your pet be treated with medication.

- Should medication be prescribed it is because that particular medication has been considered to be the most effective for your pet's condition.
- Many of the medications are not labeled (extra-label use) for treatment of behavior problems in pets but have been successfully used to treat these conditions in many pets by many veterinarians and board certified veterinary behaviorists. This does not mean that the medication is dangerous or harmful to your pet, only that they were not the subjects tested for approved use.

- All medications have the potential for side effects. The side effects for the medicine will be explained during the consult and documented on your discharge instructions. If you are ever concerned please contact the clinic.

If your pet is aggressive you should be aware of the following:

- Any animal that is aggressive can do serious harm, which may cause injury, including fatal injuries to other animals, family members, and other people. Treatment for aggressive behavior is not a guarantee that the aggression will be controlled, as it is impossible to ensure that all management and safety instructions will be strictly adhered to at all times.
- There are responsibilities with owning an animal, including the responsibility or potential liability for any damage the pet does to people or property. The responsibility is not changed or transferred by seeking behavioral help.

Some behavior problems are pathological, including some forms of aggression. These problems, while never cured, can be treated and managed effectively so that the pet and family have a good quality of life. Euthanasia may result if the problems are not treated or managed appropriately. The purpose of this appointment is to avoid euthanasia if possible and help the pet to live a long, healthy, happy life.

I have read and understand all the information presented above. ☐ Yes ☐ No
If you have any questions or concerns please contact us.
Name of person responsible for the pet:
Signature: Date:
Please bring the signed form to the appointment to expedite check in or return it with your behavior questionnaire.

Thank you for taking the time to complete all of the forms.

* Release form adapted from K. Overall and S. Crowell-Davis