

**PET PIG BEHAVIOR HISTORY**  
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**Instructions:** Fill out this form with as much detail as possible prior to your behavior consultation.  
Please return completed form to ocddoc@msn.com

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

Caregiver Name: \_\_\_\_\_

Title and pronouns: \_\_\_\_\_

Address (Street, City, State, Zip code): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

Title and pronouns: \_\_\_\_\_

Address (Street, City, State, Zip code): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Pig's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Species: \_\_\_\_\_

Sex:    M        F

Neutered:    Yes    No

Approximate Weight: \_\_\_\_\_ lb or kg

Referring Veterinarian: \_\_\_\_\_

Name of Veterinary Hospital: \_\_\_\_\_

If not referred by veterinarian, name of referring agent: \_\_\_\_\_

**List behavior problems/concerns in order of severity:**

Date of onset:

1.

2.

3.

4.

**BACKGROUND**

Source of pig?

Why did you select this particular pig?

How old was the pig when first acquired?

How long have you had this pig?

Previous owners? Why was pig given up?

**MEMBERS OF HOUSEHOLD**

List all human members of your household and their schedules:

Name	Age	Hours away from home	Time spent with pig
1.			
2.			
3.			
4.			
5.			

List all pets in household in the order in which they were obtained:

Name	Species	Breed	Sex	Age	Interaction with pig
1.					
2.					
3.					
4.					
5.					

**HOUSING**

Describe the primary location: (where pig spends the day):

Dimensions:

Substrate :

Shelter :

Foraging/rooting options :

Where does the pig sleep?

List the toys available to the pig in order of preference:

- 1.
- 2.
- 3.
- 4.
- 5.

### **ACTIVITY**

What percentage of time is spent outdoors? \_\_\_\_\_ Indoors? \_\_\_\_\_

How much time each day is spent interacting with people?

How and how often do you play with your pig?

### **GENERAL BEHAVIOR**

Does your pig ever appear to be afraid of any particular items or situations?

Describe the situation(s).

What is your pig's reaction to the following situations?

Veterinary hospital

Familiar adults

Familiar children

Unfamiliar guests

Approaching while eating

Stroking or petting

Being disturbed while resting

Other pigs

Other animals

## **FEEDING**

Brand of Food (pellets):

Amount fed per day:

Fed when and by whom?

<u>Food offered:</u>	<u>How often?</u>	<u>Consumed (yes, no)</u>	<u>Percentage of diet</u>
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Type of Hay:

Vegetables:

Fruits:

Carbohydrates:

(Pasta, bread, cereal)

Proteins:

(Meat, eggs, cheese)

Snacks:

Are any dietary supplements used?

## **SLEEPING**

Where does the pig sleep?

Between what hours does the pig sleep? Does this vary?

## **TRAINING**

Does your pig know any commands? Which ones?

Who is the primary trainer?

Do you have regular training sessions with your pig?

Do you use rewards? If so, what types?

Do you correct or discipline your pig? Describe:

Is your pig trained to wear a harness or walk on a leash?

Is your pig crate-trained?

Will your pig walk up or down stairs?

## **MEDICAL**

When was your pig's last health examination?

Give a brief medical history:

List medications your pig has taken in the past:

List current medical problems:

List current medications:

## **AGGRESSION**

Has your pig ever bitten a person?

Has your pig ever bitten another animal?

When did the first bite occur?

List the total number of bites:

Who were the victims of the aggression/bites?

Describe the first aggressive episode:

Date of occurrence:

Person(s) present:

Signs displayed by pig

Location:

Circumstances:

Describe the last two aggressive episodes:

Date of occurrence:

Person(s) present:

Signs displayed by pig:

Location:

Circumstances:

Your pig (circle all that apply):

Attacks without warning

Attacks primary caregiver

Attacks only unfamiliar individuals

Retreats after biting

Bites once and lets go

Bites multiple times

Attacks only near the nest, resting place or food

Attacks only near the primary caregiver

Inflicts injuries requiring medical attention

## **DESTRUCTIVE BEHAVIOR**

Does your pig destroy any items?

Which items are destroyed?

Does destructive behavior occur in your presence or absence?

What have you done to correct the problem?