

Geriatric Behavioral History

1. Does your pet demonstrate destructive behaviors? Please describe behavior / when first observed.
 - A. Do these behaviors occur in your presence or only when you are gone?
 - B. Is the damage concentrated at "exit points" (doors, windows, etc.)?
 - C. Do these behaviors correlate with noises or events which make your pet anxious (ie. thunderstorms)?
 - D. Have any of these behaviors occurred concurrently with a change in the household (addition or loss of people/pets, recent move etc.)?
2. Does your pet demonstrate elimination behavior problems? (Loss of house training, incontinence, eliminating outside of litter box (cats), urine "marking", etc.) Please describe behavior, when first observed and frequency.
 - A. Do these "accidents" occur in your presence?
 - B. Is the urine/stool abnormal in appearance?
 - C. Does the pet appear to be aware of voiding, or does the act seem to be unconscious?
3. Does your pet bark or otherwise vocalize excessively? Please describe circumstances; i.e. when kept alone, around feeding time, anxiety (storms, etc.)
4. Does your pet show aggression toward you or other family members/strangers/other animals? Please carefully describe circumstances.
5. Does your pet demonstrate disturbances in sleep/wake routines such as night time restlessness, hyperactivity, etc.? Please describe behavior and when first observed.
6. Does your pet fail to recognize previously familiar people or commands, or seem disoriented? Is the
7. problem consistent or occasional?
8. Does your pet exhibit any repetitive or compulsive behaviors (circling, licking a specific area of body, etc).
9. Please describe any other behaviors not covered above that you feel are abnormal or which are a recent development.
10. In what area of the house or yard is the pet kept?
 - A. During the day?
 - B. During the night?
 - C. When is it left alone? How long?