

# Veterinary Behavior Solutions

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## Exotic Pet Questionnaire

### General Client Information

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

Client's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Home) (Cell) (Work)

E-mail: \_\_\_\_\_

Veterinarian's Name and Animal Hospital: \_\_\_\_\_

How did you hear about Veterinary Behavior Solutions? \_\_\_\_\_

### Pet Information

Pet's Name: \_\_\_\_\_ Species \_\_\_\_\_

Breed: \_\_\_\_\_ Color/description \_\_\_\_\_

Age of pet: \_\_\_\_\_ Age when acquired: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed or Neutered? \_\_\_\_\_

From where did you obtain this pet? \_\_\_\_\_

How long have you had this pet? \_\_\_\_\_

Has this pet had other owners? \_\_\_\_\_

Describe your pet's personality \_\_\_\_\_

What do you like most about your pet? \_\_\_\_\_

\_\_\_\_\_

## The Household Environment

List each family member living in your home: (include sex and age)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

List all other pets in the home (include species, breed, age, and sex)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Have there been any recent changes to the household? (New baby? College student leaving?)

\_\_\_\_\_

Describe your pet's environment/cage/enclosure \_\_\_\_\_

\_\_\_\_\_

What kind of bedding/substrate do you use for your pet? \_\_\_\_\_

How often is your pet's cage cleaned? \_\_\_\_\_

What do you use to clean your pet's cage/environment? \_\_\_\_\_

\_\_\_\_\_

## Daily Routine

What percentage of the day does your pet spend in a cage? \_\_\_\_\_

What percentage of the day does your pet spend out of a cage? \_\_\_\_\_

Does your pet ever go outside? \_\_\_\_\_

What type of play/exercise does your pet receive? (How often? How long?)

\_\_\_\_\_

\_\_\_\_\_

What are your pet's favorite toys? \_\_\_\_\_

Does the amount of time you spend with your pet differ from weekday to weekend? \_\_\_\_\_

\_\_\_\_\_

Does your pet have a favorite member of the household? \_\_\_\_\_

## Diet History

What do you feed your pet? (Specific type/brand) \_\_\_\_\_

How many meals does your pet eat each day? \_\_\_\_\_  
How much do you feed at each meal? \_\_\_\_\_

How often do you give treats? \_\_\_\_\_  
What types? (Be specific) \_\_\_\_\_

Do you give your pet vitamins? How often and what type? \_\_\_\_\_  
\_\_\_\_\_

How are these vitamins administered? \_\_\_\_\_

What is your pet's favorite food? \_\_\_\_\_

## Training History

Was your pet hand-raised? Captive-bred? Wild-caught? \_\_\_\_\_  
\_\_\_\_\_

Have you done any previous training with your pet? (If yes, please describe) \_\_\_\_\_  
\_\_\_\_\_

Briefly describe the training techniques: \_\_\_\_\_  
\_\_\_\_\_

What commands does your pet know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your pet know any tricks? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medical History

Date of most recent Veterinary health exam: \_\_\_\_\_

Does your pet have any Current Medical Problems? \_\_\_\_\_

Has your pet had any problems/changes with appetite? \_\_\_\_\_

Any changes in fecal/stool consistency? Diarrhea? Constipation? \_\_\_\_\_

Any problems with vomiting? Regurgitation? \_\_\_\_\_

Is your pet receiving any flea medication? \_\_\_\_\_

Is your pet receiving any heartworm medication? \_\_\_\_\_

Has your pet been dewormed? (Be specific) \_\_\_\_\_

Is your pet currently vaccinated?

Rabies? \_\_\_\_\_

Distemper? \_\_\_\_\_

Does your pet keep itself well-groomed? \_\_\_\_\_

Has your pet had any previous surgeries? \_\_\_\_\_

Does your pet have a history of foreign body ingestion? \_\_\_\_\_

## Primary Behavioral Complaint

What is the reason for this consult? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did the problem begin? \_\_\_\_\_

What has been attempted already to solve this problem? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the problem improved, stayed the same, or worsened? \_\_\_\_\_

Describe the problem in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any factors not covered in this form that you think may be important for understanding and treating your pet.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_