



Appendix A

CLIENT QUESTIONNAIRES



A □ I PRELIMINARY CLIENT QUESTIONNAIRE

Please complete these questions and return the questionnaire before the appointment if possible. Otherwise please bring it with you at the time of the appointment. All of your answers are confidential. PLEASE REMEMBER THAT YOU ARE REQUESTED TO BRING PROOF OF RABIES VACCINATION TO YOUR APPOINTMENT.

1. Pet's Name _____

Your Name _____

2. Breed of Dog or Cat _____ Color _____

3. Age of Pet _____

4. Date of Birth of Pet (if known) _____

5. Sex _____

6. Is your pet spayed or castrated? Yes No

If yes, at what age? _____

Date neutered _____

Reason for neutering _____

Any behavioral changes after neutering? _____

7. If your pet is not neutered, do you plan to breed this dog or cat?

Yes No

8. Has this dog or cat ever been bred?

Yes No

If female, did she experience heat cycles before neutering?

Yes No

Age of first heat, if applicable _____

Date(s) of heat cyclers) _____

9. How old was your pet when you first acquired it?

10. Has this pet had other owners?

Yes No

If so, how many? 1 2 3 4 Unknown

Why was this pet given up? _____

11. How long have you had this pet? _____

12. Where did you get this pet?

Stray/Found

Breeder

o SPCA/Humane shelter

o Breed Rescue Service

o Newspaper adoption advertisement (not breeder)

o Pet store

o Friend

o Other (Please explain) _____

13. Why did you get this pet? _____

14. When was your pet last vaccinated for:

Distemper/Feline rhino tracheitis, etc. (date, if you know it) _____

Rabies (date, if you know it) _____

15. Is this pet (please circle all that apply):

o Allowed to run free, unsupervised

o Fenced/kennel/run

o Leash-walked, only

o Outside, unleashed but supervised

o Indoors only

o Outdoors only (primarily eats)

16. What percentage of the day does your pet spend inside?

What percentage of the day does your pet spend outside?

What kind of a living situation do you have?

o Apartment

o Townhouse/condominium

o House with small yard

o House with large yard

o Farm

17. How many times is your dog or cat walked or let out per day?

o 1 2 3 4 5 6 7 8

If your pet is walked, what is the average length of time for each walk (in minutes)? _____

18. How often is your pet fed meals each day?

1 2 3 4

How often is your pet fed treats (cat treats, dog biscuits, chewies) each day?

00 01 02 '03 04

How often is your pet fed snacks from the table (i.e., human food each day)?

1 2 3 4

19. What exactly is your pet fed (include brand names)?

20. Does your pet have any allergies? Yes No
Please specify _____

21. Does your pet have any preexisting or current medical problems?
Yes No
If so, what are they? _____

22. Is your pet currently taking any medication to prevent heartworm?
Yes No Brand _____
Is your pet currently taking any other medications?
Yes No Types _____

23. Do you have any other pets besides this one?
Yes No
If so, are any of these other pets ill?
Yes No

24. Has your household changed since acquiring this pet?
Yes No
If so, how?
Death of human in family
Death of pet in family
Divorce
Marriage
Baby born
Child moved
Pet added
Family moved
Family schedule changed (lost or gained jobs)
Other

25. Please list the people, *including yourself*, currently living in the household.

Name	Sex	Age	Relationship <small>Self, husband, wife, roother <input type="checkbox"/> in-law, etc.)</small>	Occupation
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Please mark with an asterisk (*) any of the above who are coming to the clinic with the pet. If anyone *Not listed* is coming with the pet, who are they (i.e., friend, neighbor)?

26. Please list all the animals in the household.

Name	Breed	Sex	Age Obtained	Age Now
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Refer to the chart above and, using numbers, label which pet was obtained first, second, etc.

27. Do you know how many animals were in this pet's litter?
Yes
Number ___ (___ females ___ males)
No

28. Why did you choose this specific animal from the litter?

29. Why did you choose this specific breed?

30. Have you had this particular breed before?
Yes No

31. Have you had pets before?
Yes No

32. Have you had dogs before?
Yes No

33. Have you had cats before?
Yes No

34. Have you had birds before?
Yes No

35. Where does your pet sleep (circle all that apply; we know pets move at night)?

- In or on your bed
- On its own bed in your bedroom
- In its crate in your bedroom
- On its own bed in another room
- In a crate in another room
- On the floor next to your bed
- In another room, voluntarily, anywhere it wants
- In another room because it is locked from your bedroom, anywhere it wants

36. How often do you play with toys or play games with the pet inside the house daily (on average)?

0 2 3 4 5 >5

How long does each play bout last, on average (in minutes)?

37. How often do you play with toys or play games with the pet outside the house daily (on average)?

0 1 2 3 4 5 >5

How long does each play bout last, on average (in minutes)?

38. Describe, in detail, how you prepare to leave the house when the pet will be left alone. Do you ignore your pet, do you seek it out and say goodbye, do you make a fuss over it, etc.?

39. What does your pet do as you prepare to leave?

For Dogs Only

40. What is your dog's obedience school history?

No school-trained yourself

Puppy kindergarten

Group lessons-basic

Group lessons-advanced D

Private trainer at house

Private trainer-sent to trainer

41. Age when dog started lessons/training _____

42. Who took the dog to obedience school? _____

43. How did the dog do in obedience school? _____

Does the dog have any obedience titles? _____

44. What commands does the dog know and how well?

- Sit Perfect Usually OK Needs work
- Stay Perfect Usually OK Needs work
- Lie down Perfect Usually OK Needs work
- Come Perfect Usually OK Needs work
- Wait Perfect Usually OK Needs work
- Heel Perfect Usually OK Needs work
- Fetch Perfect Usually OK Needs work
- Drop it Perfect Usually OK Needs work
- Other

45. Is there anything else you would like to tell us about your dog's training?

For Cats Only

40. How many litter boxes do you have?

0 2 3 4 5 6 >6

41. Describe the litter boxes (circle all that apply and put in parentheses the number of boxes for which the description is true).

Description	Number	
Open		()
Covered		()
Square		()
Rectangular		()
Large		()
Small		()
Deep		()
Shallow D		()
Liner		()
No liner		()
Other-please specify: _____		

42. What kind of litter material do you put in the box(es) (circle all that apply)?

- Clumpable, recyclable
- Plain clay
- Deodorized
- Playground sand
- Anything you can get with a coupon
- Ashes
- Potting soil
- None (empty box)
- Gravel/rock
- Sawdust/wood chips
- Wheat husks
- Recycled, pelleted newspaper
- Shredded paper or paper toweling
- Other-please specify: _____

43. Where are the litter boxes (circle all that apply)?

- Closet
- Kitchen
- Bathroom
- Bedroom
- Attic
- Entryway
- Pantry
- Basement
- Stairwell
- Other-please specify: _____

Feel free to include a diagram of your cat's litter box locations if you think that it would help us understand the situation.