

**ANIMAL EMERGENCY & REFERRAL ASSOCIATES**

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www.animalerc.com

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

Client's name: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Pet's age: \_\_\_\_\_

Pet's breed \_\_\_\_\_

Pet's sex: M F (circle one) Neutered/spayed? \_\_\_\_\_

Phone number (home): \_\_\_\_\_ (work) \_\_\_\_\_

How can the behavior service contact you during the day to check in on your pet?

Primary phone : \_\_\_\_\_ Secondary phone : \_\_\_\_\_

Email \_\_\_\_\_

**NEW PUPPY HISTORY FORM**

**1. Where did you get your puppy?**

- Breeder
- Shelter
- Rescue group
- A friend
- Stray

**2. Has your puppy been to any training classes yet?**

- Yes  No

**3. Please check the behavior problem(s) you are having with your puppy:**

- Excessive biting
- Aggression
- Separation anxiety
- Whining at night
- House-soiling
- Destructive behavior/excessive chewing
- Fear of objects
- Fear of people
- Excitement urination
- Submissive urination
- Other (Please explain) \_\_\_\_\_

**4. Please describe a typical day in your puppy's**

life: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. How are you/did you housetraining your puppy?**

**6. What are the most common reasons you find yourself needing to punish the puppy for?**

**7. How do you punish the puppy?**

**8. Do you use time-outs?**

**9. How many times a day do you think you end up putting your puppy in time out?**

**10. Is this your fist puppy?**

**11. What kinds of toys does your puppy have?**

**12. How often are you feeding your puppy?**

**13. What are you feeding your puppy?**

**14. What are your puppies favorite treats?**

**15. What are your puppies favorite toys?**

**16. If you have children, what kinds of games do your children like to play with the puppy?**

**17. Do you have any information about the littermates?**

**18. Did you meet the parents?**

**19. Please list the name and ages of all people living in your home.**

<b>Name</b>				
<b>Age</b>				
<b>Hours away from home</b>				

**20. Please list all of the pets in your household.**

	Pet 1	Pet 2	Pet 3	Pet 4
Name				
Species				
Age now				
Gender				
Neutered/spayed				
Age obtained				
Breed				

**21. Why did you get a dog?**

**22. Is your dog on any medication now?** Yes No

If yes, please list \_\_\_\_\_

**23. Has your dog been on medication for the behavior problem?** Yes No

If yes, please list \_\_\_\_\_

**24. Is your dog on any herbal, homeopathic, or nutritional supplements?**

Yes  No

If yes, please list \_\_\_\_\_

**25. Does your dog have any medical problems?**

**26. Please check the answer that best describes how you feel about the current situation:**

- I am here only out of curiosity- the problem is not that serious
- I would like to change the problem, but it is not serious.
- The problem is serious and I would like to change it, but if it remains unchanged, , that is all right.
- The problem is serious and I would like to change it, but if it remains unchanged I will keep my dog.
- The problem is very serious and I would like to change it; if it remains unchanged I will have to consider finding another home for him/her or euthanizing him/her.

**27. Which statement(s) best represents how you feel about the use of medications for your pet's behavioral issue(s). Please check as many answer choices as you wish.**

- I am strongly opposed to the use of psychoactive medication and simply will not use them.
- I will only use medication as an absolute last resort. I would rather try nutritional supplements, herbs, etc....first.
- I would rather not use medications to treat my pet's problems, but I am open to hearing about them along with nutritional, herbal etc.... options.
- I am open to any treatment option as long as it will help my pet.

***End of questionnaire. Thank you! Please fax, email, or mail this form to Animal Emergency & Referral Associates. Contact information on page 1.***