

Kimberly Crest Veterinary Hospital

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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 neutered? _____
If yes, at what age? _____
Reason for neutering _____
Any behavioral changes after neutering?

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

8. Has this dog or cat ever been bred? _____
If female, did she experience heat cycles before spaying? _____
Age of first heat, if applicable _____
Date(s) of heat cycle(s) _____
9. How old was your pet when you first acquired it? _____
10. Has this pet had other owners? _____
11. How long have you had this pet? _____
12. Where did you get this pet? _____
 - Stray/Found
 - Breeder
 - SPCA/Humane Shelter
 - Breed Rescue Service
 - Newspaper adoption advertisement (not breeder)
 - Pet Store
 - Other (Please Explain) _____
13. Why did you get this pet? _____
14. When was your pet last vaccinated for:
Distemper/Feline rhinotracheitis, etc. (date, if you know it)

Rabies (date, if you know it) _____

15. Is this pet (please check all that apply):
- Allowed to run free, unsupervised
 - Fenced/kenneled/run
 - Leash-walked only
 - Outside, unleashed but supervised
 - Indoors only
 - Outdoors only (primarily cats)

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?

- Apartment
- Townhouse/condominium
- House with small yard
- House with large yard
- Farm

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

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

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, chews) each day?

- 0
- 1
- 2
- 3
- 4

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

- 0
- 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

22. Is your pet currently taking any medication to prevent heartworm disease?

- Yes
- No

Types _____

23. Do you have any other pets besides this one?

- Yes
- No

24. Has your household changed since acquiring this pet?

- Yes
- No

If so, how?

- Death of a human in family
- Death of pet in family
- Divorce
- Marriage
- Baby born
- Child 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	Occupation

Please mark with an asterisk (*) any of the above that 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

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 (check all that apply; we know pets move at night)?

- In or on your bed
- On its own bed 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
- 1
- 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
- Private trainer at house
- Private trainer-sent to trainer

41. Age when dog started lessons/trainer _____

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?

- | | | | | |
|--------------------------|----------|---------|------------|------------|
| <input type="checkbox"/> | Sit | Perfect | Usually OK | Needs work |
| <input type="checkbox"/> | Stay | Perfect | Usually OK | Needs work |
| <input type="checkbox"/> | Lie down | Perfect | Usually OK | Needs work |
| <input type="checkbox"/> | Come | Perfect | Usually OK | Needs work |
| <input type="checkbox"/> | Wait | Perfect | Usually OK | Needs work |
| <input type="checkbox"/> | Heel | Perfect | Usually OK | Needs work |
| <input type="checkbox"/> | Fetch | Perfect | Usually OK | Needs work |
| <input type="checkbox"/> | Drop it | Perfect | Usually OK | Needs work |
| <input type="checkbox"/> | 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
- 1
- 2
- 3
- 4
- 5
- 6
- > 6

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

<u>Description</u>	<u>Number</u>
<input type="checkbox"/> Open	()
<input type="checkbox"/> Covered	()
<input type="checkbox"/> Square	()
<input type="checkbox"/> Rectangular	()
<input type="checkbox"/> Large	()
<input type="checkbox"/> Small	()
<input type="checkbox"/> Deep	()
<input type="checkbox"/> Shallow	()
<input type="checkbox"/> Liner	()
<input type="checkbox"/> No liner	()
<input type="checkbox"/> Other- please specify _____	

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

- Clumping, 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 (check 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.

44. Describe, in detail, how your cat uses the litter box. For example, does it scratch in the litter before eliminating? Cover up feces? Scratch outside box?

45. Are the front feet declawed?

- Yes
- No

Age declawed _____

Are the back feet declawed?

- Yes
- No

Age declawed _____

Is there anything else you would like to tell us about your cat's behavior?

46. What is (are) the behavioral problem(s) that you wish to address, and how much of a problem do you consider the behavior to be? Please use chart below.

Problems	Very Serious	Serious	Not Serious

47. Why have you kept the pet despite its behavior problem

48. Are you concerned that you may have caused the problem?

- Yes
- No

49. Do you feel guilty about this problem?

If so, why?

50. Have you considered finding another home for this pet?

- Yes
- No

51. Have you considered euthanasia before your visit here?

- Yes
- No

52. Did someone recommend euthanasia before your visit here?

- Yes
- No

53. If you think that it would help us understand your pet's problem, attach a map of your house or the relevant areas of your house (i.e. locations of litter boxes or dog beds, locations of fences, etc.).