



Companion Animal Behavior Audit

Johnson County Humane Society

By what names (including nicknames) is this animal called? _____

Species: _____ Breed or mix: _____ Color/markings: _____

Age: _____ Size/weight: _____ Coat length: (___short, ___medium, ___long) Eye color: _____

Gender: ___male ___female Neutered? (___no ___yes—on ___/___/___)

When and how was this animal acquired? _____

What do you know about this animal's lineage? _____

Current veterinarian: _____ Clinic name: _____

What medical conditions has this animal experienced? _____

Which drugs (and dosages) is this animal currently taking? _____

What has been this animal's most serious medical concern? _____

What's your first clue that this animal is sick? _____

Has this animal been declawed? ___no ___yes—(___front ___back)

Describe any other surgeries this animal has had. _____

How many times has this animal been anesthetized? _____

Last distemper combination vaccination: ___/___/___

Last rabies vaccination: ___/___/___

Last fecal check: ___/___/___ Last worming: ___/___/___

Last FeLV test: ___/___/___ Last FIV test: ___/___/___ (cats)

last heart worm test: ___/___/___ (dogs)

Current brand of food: _____

Quantity per feeding: _____ Feeding times: _____ Where does this animal eat? _____

Preferred brand of snacks/treats: _____ This animal is accustomed to ___filtered, ___bottled, ___tap water.

Has this animal been exposed to formal obedience training? ___yes ___no Trainer's name: _____

Is this animal crate-trained? ___yes ___no How often is this animal taken (or let) out to eliminate? _____

Is this animal leash-trained? ___yes ___no How often is this animal walked? _____

Is this an indoor/outdoor animal? ___yes ___no

Current brand of litter: _____ How often is the litter box scooped? _____

How often (and with what) is the litter box itself cleaned? _____

Type of litter box preferred: _____ Where is the litter box kept? _____

Describe incidences of inappropriate elimination. _____

Does this animal usually wear a collar? ___yes ___no Is this animal likely to try and zoom out a door? ___yes ___no

What is this animal's attitude toward pet taxis? _____

How does this animal usually behave in the car? _____

Using the following pairs of descriptors, would you describe this animal as being more: [___independent/___dependent]
[___dominant/___submissive] [___rigid/___flexible] [___active/___cuddly] [___excitable/___calm]
[___playful/___reserved] [___outgoing/___shy] [___friendly/___aloof].

How do you know when this animal is feeling aggressive? _____

Describe incidences (and targets) of inappropriate aggression. _____

Describe this animal's attitude toward:

- cats _____
- other animals _____
- other adults _____
- dogs _____
- the primary care-giver _____
- children _____

- houseplants _____
- household furnishings _____
- being in the yard _____
- being restrained _____
- being groomed _____
- being bathed _____

What frightens this animal? _____

Where does this animal like to hide? _____

Where does this animal sleep? _____

How difficult is it to restrain this animal? _____

How fastidious is this animal about self-grooming? _____

List three things this animal:

- likes _____
- dislikes _____

List three positive things about this animal: _____

List three negative things about this animal: _____

Describe this animal's favorite rituals. _____

Describe this animal's favorite toys. _____

Are you willing to answer questions from the new caregiver? yes no

Would you be interested in "visiting rights" if the new caregiver approves? yes no

What else should be known about this animal?

Describe your perception of the ideal home for this animal.

Name (please print) _____

Address _____

City _____ State _____ ZIP _____

Phone: hm () _____ wk () _____

E-mail addy: _____

Date you completed this form: _____

Johnson County Humane Society

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