



# Companion Animal Behavior Audit

Johnson County Humane Society



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

Species: \_\_\_\_\_ Breed or mix: \_\_\_\_\_ Color/markings: \_\_\_\_\_

DOB: \_\_\_\_\_ 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 heart worm test: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dogs)

Last FeLV test: \_\_\_\_/\_\_\_\_/\_\_\_\_ (cats) Last FIV test: \_\_\_\_/\_\_\_\_/\_\_\_\_ (cats)

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? \_\_\_\_\_

This animal is more... (circle the most appropriate descriptor in each pair): independent/dependent; dominant/submissive; active/cuddly; excitable/calm; playful/reserved; outgoing/shy; friendly/alooof; rigid/flexible.

How do you know when this animal is feeling aggressive? \_\_\_\_\_

Describe incidences (and targets) of inappropriate aggression. \_\_\_\_\_

Describe this animal's attitude toward:

- cats \_\_\_\_\_
- dogs \_\_\_\_\_
- other animals \_\_\_\_\_
- the primary care-giver \_\_\_\_\_
- other adults \_\_\_\_\_
- children \_\_\_\_\_
- houseplants \_\_\_\_\_
- household furnishings \_\_\_\_\_
- being in the yard \_\_\_\_\_
- laps \_\_\_\_\_
- being groomed \_\_\_\_\_
- being bathed \_\_\_\_\_

• self grooming \_\_\_\_\_ • being restrained \_\_\_\_\_

What frightens this animal? \_\_\_\_\_

Where does this animal like to hide? \_\_\_\_\_

Where does this animal sleep? \_\_\_\_\_

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. \_\_\_\_\_

Using this scale (1-not much; 2-somewhat; 3-quite a bit; 4-very much!) rate this animal on: \_\_\_ confidence; \_\_\_ plays well with others; \_\_\_ adaptable to change; \_\_\_ activity level.

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, in your opinion, is going on with this animal?

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 \_\_\_\_\_

Date you completed this form: \_\_\_\_\_

**Johnson County Humane Society**

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