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Behavioral Questionnaire

1. How old is your pet? _____
2. Does your pet have Separation Anxiety (destructive behavior, intense desire to escape, excessive chewing or salivation, nervous)? Yes ___ No ___ If yes, how is he or she acting? _____

3. Does your pet have any behavior issues of concern? Yes ___ No ___ How long? Comments: _____
4. Does your pet have any soiling issues, ie urinating, defecating, spraying? Yes ___ No ___ Comments: _____
5. Any chewing or biting concerns? Yes ___ No ___ Comments: _____
6. For dog owners, do you have trouble walking your dog? ___ Do you walk your dog or does your dog walk you (excessive pulling)? Comments: _____
7. Does your pet have destructive behavior? Yes ___ No ___ Comments: _____
8. Does your pet have a dominant or submissive personality? Submissive urinator? ___yes___no. Growler? ___yes___no _____
9. Is your pet becoming more aggressive or irritable with age? Yes ___ No ___
10. Does your pet react negatively to thunderstorms ? Yes ___ No ___ Comments: _____
11. Does your pet like Veterinarians? Yes ___ No ___ Comments: _____
12. Is your pet nervous? ___yes___no
13. Please list current medications _____