



Countrycare Animal Complex

Flower Essence Questionnaire

for dogs and cats

The answers to this questionnaire are used to help formulate the appropriate combination of flower essences to meet your pet's needs. Please take the time to read and answer the questions the best that you can. Feel free to make any extra comments next to your answers. The more information that we have, the better we can understand your pet.

Please check the box for ANY and ALL of the questions that you feel describe your pet's state of mind, behavior or natural character.

Fears or Anxieties

1. Obsessive behaviors such as over grooming or pacing?
2. Insecure with other pets or children
3. Seems shy or cautious in new situations?
4. Seems timid or anxious, "jumpy" or "spooky"?
5. Panics if presented with something new, different, or unexpected?
6. Scared to go outside?
7. Appears nervous - may become hysterical or panic uncontrollably?
8. Urinates when scared?
9. Tries to escape undesirable situations in a panic?
10. Any recurrent phobias? (e.g. cars, vets, thunderstorms, vacuum...)
please list: _____

Environment & Routine

11. Has difficulty adjusting to your lifestyle?
12. Is noisy, destructive/chews, or leaves urine/stool when left alone?
13. Seems homesick or becomes depressed/ill when taken away from home?
14. Cannot adjust to new surroundings or environment?
15. Any history of previous abuse or trauma or rescued from poor environment?
16. Becomes stressed or intolerant when there is a change in his routine?
17. Is sensitive to sights, sounds, smells, touch or different temperatures?
18. Sensitive to things in environment or has allergies?
19. Possesses specific dislikes or "hates" (e.g. vets, mailman, animals)?
List _____

Social Behavior

20. Craves attention all of the time or follows you around constantly?
21. Is overprotective of family members or certain objects?
22. Seems anxious to please people?
23. Sudden strange behavior such as urinating or defecating on your bed?
24. Acts "touchy" when handle/pet, does not tolerate people or other animals near them?
25. Cannot relate to other animals or inadequate social behavior?
26. Shows destructive behavior to himself or surroundings?

(over)

- 27. Is accident-prone, difficulty housebreaking or litter box problems?
- 28. Shows obsessive grooming behavior, constantly lick/clean/chew at himself?
- 29. Coprophagia (eats feces/stools of other animals) or eats grass?
- 30. Is hyperactive, pushy, or high-strung?
- 31. Displays 'schizophrenic' behavior – changes back and forth?
- 32. Is aggressive at any time? List when: _____
- 33. Becomes territorial of the home, his toys, food or the family?
- 34. Displays dominant behavior or stubbornness?
- 35. Any bad habits? List: _____
- 36. Shows submissive behavior – crouches on ground, ears down, exposes belly?
- 37. Likes to “copy cat” or imitate behavior of others?
- 38. Does not listen to commands, lacks concentration, or is difficult to train?
- 39. Seems unable to learn from experience, repeats the same mistakes (e.g. chasing cars)?

Energy and State of Mind

- 40. Appears to lack confidence or initiative?
- 41. Becomes tired easily, lacks energy or sleeps a lot?
- 42. Appears exhausted or “burned out”?
- 43. Does not respond to encouragement?
- 44. Any recent loss of a person or animal close to him?
- 45. Depressed after a domestic or household change (e.g. move, divorce...)?
- 46. Seems down in spirits, or depressed in general?
- 47. Lacks “get up and go” when asked to perform an activity?
- 48. Withdraws from contact, keeps his distance or is indifferent to things?
- 49. Seems weak or exhausted, mentally or physically?
- 50. Appears restless or uneasy much of the time?
- 51. Something seems to be wrong, but you are not sure what it is?

Physical Condition

- 52. ‘Catches’ infections easily or recurrent infection/parasite problems?
- 53. Itchy or licks specific parts of body _____
- 54. Reacts intensely to any change in food?
- 55. Suffers from seizures or epilepsy?
- 56. Any diarrhea, constipation or fecal incontinence?
- 57. Does not want to or refuses to eat and /or loses weight easily?
- 58. Lacks physical flexibility, tense / rigid body, or arthritis?
- 59. Shows the same physical problem as you/someone in house?
- 60. Illness symptoms are worse in the morning, improve during the day?
- 61. Any change in behavior or lifestyle? List: _____
- 62. Any illnesses? List: _____