

THE BEHAVIOR CLINIC

Animal Behavior of Northeast Ohio, LLC

9680 Columbia Rd. | Olmsted Falls, OH 44138 | Phone: 440/334-8534 | Fax: 440/235-8534

Financial Policy

Thank you for choosing The Behavior Clinic; Animal Behavior of Northeast Ohio, LLC. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. The Behavior Clinic; Animal Behavior of Northeast Ohio, LLC requires payment in full prior to the beginning of your pet's exam or treatment.

Payment Options:

You can choose from:

- Cash, Check, Visa® or MasterCard®
- Convenient Monthly Payment Plans¹ from CareCredit®
 - o Allow you to begin treatment today and pay over time
 - o Available for any treatment amount
 - o Can be used repeatedly - for your entire family - without having to reapply¹

For behavioral health care, a deposit is required. For Consultations or Recheck appointments, a \$50.00 deposit is required to begin your pet's treatment and schedule into our system. This is a non-refundable deposit if adjustments are made to the schedule within 48 hours of the scheduled consult or if there is a failed appointment. If the consultation proceeds as scheduled, this deposit will be credited to the consultation bill.

Additional Policy Information:

The Behavior Clinic; Animal Behavior of Northeast Ohio, LLC charges \$30.00 for returned checks. There will be an additional Travel Fee (fee based on mileage traveled one way) incurred if Dr. Feltes travels to your home and the consultation did not proceed. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available to your pet.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

Client/Owner Name (Please Print)

Pet Name

Breed

¹Subject to credit approval

You and Your Pet continued:

The following questions DO NOT mean we are recommending this.

Under what circumstances would you consider euthanasia? _____

Have you consider finding a new home for your dog? Yes No

If yes, why have you not done so yet? _____

Is there anything else you would like to add about your dog and its behavior?

What other behaviors does your dog engage in that are objectionable to you? _____

What are your expectations for change? _____

Questionnaire complete by (please print): _____

Signature: _____ Date: _____

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Current Problems continued:

How frequently does the problem occur? _____ times per day _____ times per week
_____ times per month _____ times per year

Does the problem(s) occur when you are away from home? Yes No *If not, where are you and where is the dog when it occurs?* _____

Describe *everything* that has been done to correct the problem(s). Include approx. dates, how long it was tried and how well your dog responded. Use additional paper if necessary. _____

Is the problem getting: Better Worse No Change

Do you suspect a cause? _____

You and Your Pet:

How would you describe your relationship with this pet?

• Adult owners (female): _____

• Adult owners (males): _____

• Children: _____

What are your feelings about the dog's present behavior?

• Adult owners (female): _____

• Adult owners (male): _____

• Children: _____

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Current Problems:

Describe what your dog is *doing* that is a problem to you? _____

When did it begin (month/season)? _____

How long has it been present? _____

Where does the problem occur? _____

With whom? _____

How often? _____

Did the onset of the problem coincide with any event/action? _____

Other details? _____

Describe the most recent incident:

- time of day/date _____
- who was involved _____
- location _____
- where was everyone in relation to the dog _____
- what happened before the incident _____
- what did the dog do _____
- describe the dog's body posture _____
- how everyone responded _____
- how did the dog respond to this _____

Describe the second most recent incident:

- time of day/date _____
- who was involved _____
- location _____
- where was everyone in relation to the dog _____
- what happened before the incident _____
- what did the dog do _____
- describe the dog's body posture _____
- how everyone responded _____
- how did the dog respond to this _____

Describe the third most recent incident:

- time of day/date _____
- who was involved _____
- location _____
- where was everyone in relation to the dog _____
- what happened before the incident _____
- what did the dog do _____
- describe the dog's body posture _____
- how everyone responded _____
- how did the dog respond to this _____

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Aggression continued:

Please list **with whom** aggression has occurred (owner- male/female, children-age, others):

Handling/Grooming: _____

Petting/Hugging: _____

Disturbed when Resting: _____

Disciplining: _____

Walking on Lead: _____

Taking away Objects: _____

Taking away Food: _____

People:

How does your pet behave when visitors come to your home? _____

Is the behavior different between strangers and familiar people? _____

Is the behavior different between people inside and outside the house? _____

Is the behavior different between men, women or children? _____

Please list any regular visitors to the home, the purpose of the visit, frequency, dog's reaction:

Animals:

How does your pet behave towards familiar vs. unfamiliar dogs in the home? _____

How does your pet react to dogs when on exercise?

On Lead: _____

Off Lead: _____

How does your pet react to other animals (ie. squirrels, cats, etc)? _____

Other:

Does your pet ever exhibit inappropriate mounting? Yes No *If yes, to whom:* _____

Is your pet protective over any parts of his/her body (ie. ears, feet)? Yes No *If yes, where:* _____

Does your pet lick or chew themselves more than you would expect? Yes No

Is your pet fearful of any noises? Yes No *If yes, what are they?* _____

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Training:

What method was used during house training? _____

How did you react to mistakes during this time? _____

Did your puppy attend any puppy parties or training classes? Yes No

Details (when, where, age of pet, who attended, methods used): _____

How well did your dog do? Excellent Good Average Poor Was asked to leave.

If asked to leave, please say why: _____

What cues will the dog reliably respond to? Sit Stay Down Fetch Paw _____

Does your pet pull on the lead? Yes No *If yes, is this considered a problem?* Yes No

Is your pet more obedient in some places than others? Yes No *If yes, where?* _____

Is your pet more obedient with some people than others? Yes No

If yes, with whom? _____

How do you correct your dog when he/she misbehaves? _____

Aggression:

****Please answer the questions below if the problem is aggression-related.****

Has your dog ever bitten a person? Yes No *If yes, did it break the skin?* _____

Describe the incident in detail (who/when/where/ person's response):

Did the person require medical treatment? Yes No *If yes, Hospital? Antibiotics? Sutures?*

Was the bite reported to the authorities? _____

Has your dog ever bitten another animal? Yes No *If yes, did it break the skin?* _____

Describe the incident in detail (who/when/where/ people's response to the incident): _____

Did the animal require medical treatment? Yes No *If yes, Vet Clinic? Antibiotics? Sutures?*

Please list **types** of aggression (Growl, Shows teeth, Snap, Lunge, Nip, Bite) with the following:

Handling/Grooming: _____

Petting/Hugging: _____

Disturbed when Resting: _____

Disciplining: _____

Walking on Lead: _____

Taking away Objects: _____

Taking away Food: _____

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How long is your pet alone daily? _____

What does your pet do as you prepare to depart? _____

While alone, does your dog ever: Vocalize Toilet Engage in Destruction?

What does your pet do during family meals? _____

Do you avoid grooming or other 'maintenance' work with you dog due to its behavior? Yes No

Explain: _____

Please list the 5 things your pet enjoys most (foods, toys, activities, etc): _____

24 Hour "Day In the Life"

Starting when the earliest family member gets up, detail who feeds and when, where the dog resides, when play occurs, when attention is given, when other animals interact with it, when food is actually eaten, when house is totally quiet, when it is alone and when behavior problems often occur.

4 AM: _____

5 AM: _____

6 AM: _____

7 AM: _____

8 AM: _____

9 AM: _____

10 AM: _____

11 AM: _____

12 PM: _____

1 PM: _____

2 PM: _____

3 PM: _____

4 PM: _____

5 PM: _____

6 PM: _____

7 PM: _____

8 PM: _____

9 PM: _____

10 PM: _____

11 PM: _____

12 AM: _____

1 AM: _____

2 AM: _____

3 AM: _____

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Environment continued:

How often do you change the old toys for new ones? _____

How many hours is your dog alone daily? _____

Has your household changed since acquiring your pet? Death of a pet, Death of a family member, Illness, Divorce, Marriage, New baby, College-bound child, Schedule change, Pet added, Other: _____

***Please submit a drawn a map of your house on a separate paper (include windows, doors, crates, dog beds, toys, bowls, furniture, locations of conflict and any other relevant details).**

Dog Husbandry:

What type (wet/dry) & brand of food do you give your dog? _____

How much does he/she eat a day? _____

When was the last time you changed your dog's diet in any way and how did you change it? _____

When & where do you feed your dog each day? _____

Does your dog eat: quickly or slowly. Do you have to be present to eat? Yes No

Does your pet eat meals or nibbles throughout the day? _____

Who feeds your dog? _____

What are your pet's favorite foods? _____

How often do you change the water? _____

Do you feel that your pet drinks an excessive amount of water? _____

How often do you clean the food & water dishes and how? _____

Is your dog protective around the food (stiffens, growls, snaps, snarls or bites)? _____

Where does your pet sleep? _____

Does your pet ever wake you at night? Yes No. If yes, why and how often? _____

When does your dog go outside and for how long? _____

How does your dog ask to go outside? _____

What type of fencing is used to restrain your pet? _____

Does it roam free in a yard? Yes No. Is your pet keen to explore on its own? Yes No

Where does your dog tend to toilet? _____

How often does it empty its: bladder daily? _____ bowels daily? _____

Please list the type of EXERCISE with its purpose, amount & frequency that your pet receives.
(ie. walking on/off lead, running, agility, fly ball, retrieval games, etc)

Is there a specific time devoted to play or training daily? Yes No

Does your pet play games with any family members? Yes No. Please describe: _____

Who initiates the play: People Pet. What types of toys are involved? _____

Where does your pet stay when no one is home? _____

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Patient Details:

Dog's Name _____

Dog's Breed _____

Sex: Female Male

Is your dog neutered? Yes No *If yes, at what age was this done?* _____

Dog's Date of Birth _____

Where did you get your dog? _____

How old was your dog when you obtained him/her? _____

How long have you owned your dog? _____

Reason for obtaining this pet: _____

How old was your dog when it was weaned? _____

Medical History:

Please give a brief medical history, including any recurring problems/treatments. Use additional sheets if needed. _____

Do you know anything about your dog's parents (ie. any behavioral or medical problems):

Has any blood testing been done for your dog? Yes No

When was the last deworming? _____

Has your dog been treated for intestinal parasites and when? _____

Is your pet current on its vaccinations? _____

Has your dog been on medication for behavior at any time? Yes No *If yes, please list drug and dosage:* _____

Environment:

What type of home do you live in? House Apartment Town House

Estimate of home's square footage: _____ How many rooms: _____

Which rooms does your dog have access to? _____

If there is a crate, what room is it in? _____

Are there any windows nearby that can be seen through from the crate? Yes No

If there are other dog's cages, where are they located? _____

What accessories are in the crate? _____

Where does each family member spend most of his/her time? _____

What toys does your dog play with? _____

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Canine Behavior Questionnaire

*All information provided is strictly confidential. Please fill out this form to the best of your knowledge. The more information you are able to provide, the easier it is to correctly diagnose and treat your pet's behavior problems. Please use additional sheets or the back of these pages where necessary.

**Please initial indicating consent that payment will be due upon rendering of services. _____

***Please include a recent photo of your pet with this completed form or bring one to the appointment.

Date: _____

(Mr./Mrs./Miss/Ms./Dr.) Family Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (AM) _____ (PM) _____

(Mobile) _____ (Fax) _____

Email _____

All Family Members who live at home, including yourself (Name/Age/Height/Occupation):

Your Veterinarian's Name: _____

Your Veterinary Hospital's Name: _____

Your Vet's Address: _____

Telephone Number: _____ Fax Number: _____

Approximate Date of Last Veterinary Visit: _____

Have you owned a dog before? Yes No *If yes, have you owned this breed before? Yes No*

Please list other current household pets: (Name/Species (*dog/cat/etc*)/Breed/Age/Sex/Neuter Status)

