

# THE BEHAVIOR CLINIC

Animal Behavior of Northeast Ohio, LLC

24478 Nobottom Rd. | Olmsted Twp., OH 44138 | Phone: 440/334-8534 | Fax: 440/399-1053

## 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 Plans<sup>1</sup> 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 reapply<sup>1</sup>

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 travel 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:

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Client/Owner Signature

Date

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Client/Owner Name (Please Print)

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Pet Name

Breed

<sup>1</sup>Subject to credit approval

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## You and Your Horse continued:

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

- Adult owners (female): \_\_\_\_\_  
\_\_\_\_\_
- Adult owners (male): \_\_\_\_\_  
\_\_\_\_\_
- Children: \_\_\_\_\_  
\_\_\_\_\_

**\*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 horse?    Yes    No

*If yes, why have you not done so yet?* \_\_\_\_\_  
\_\_\_\_\_

Have you considered retiring your horse?    Yes    No

*If yes, why have you not done so yet?* \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other behaviors does your horse engage in that are objectionable to you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your expectations for change? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Questionnaire complete by (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Describe the second most recent incident:

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

Describe the third most recent incident:

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the problem getting:    Better        Worse        No Change

Do you suspect a cause? \_\_\_\_\_  
\_\_\_\_\_

## You and Your Horse:

How would you describe your relationship with this horse?

- Adult owners (female): \_\_\_\_\_  
\_\_\_\_\_
- Adult owners (males): \_\_\_\_\_  
\_\_\_\_\_
- Children: \_\_\_\_\_  
\_\_\_\_\_

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Does your horse shy? Yes No *If Yes, list how often, at what, and any other phobias:* \_\_\_\_\_

Is your horse head shy & describe? \_\_\_\_\_

Barn vices (circle appropriate responses): Cribs, Chews wood, Paws, Kicks Stall, Windsucks  
Sexual Behavior: Excessive Inadequate Abnormal Describe: \_\_\_\_\_

Maternal Behavior: Excessive Inadequate Abnormal Describe: \_\_\_\_\_

How does your pet behave towards familiar vs. unfamiliar animals? \_\_\_\_\_

How does your pet react to animals in different environments?

*On Property:* \_\_\_\_\_

*Off Property:* \_\_\_\_\_

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

## Current Problems:

Describe what your horse 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 horse \_\_\_\_\_
- what happened before the incident \_\_\_\_\_
- what did the horse do \_\_\_\_\_
- describe the horse's body posture \_\_\_\_\_
- how everyone responded \_\_\_\_\_
- how did the horse respond to this \_\_\_\_\_

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**Problem Behavior:**

Has your horse ever aggressed a person? Yes No *If yes, did it break the skin?* \_\_\_\_\_

Describe the incident in detail (who/when/where/details (kick, bite, etc)/person's response):

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

Has your horse ever aggressed another animal? Yes No *If yes, did it break the skin?* \_\_\_\_\_

Describe the incident in detail (who/when/where/details (kick, bite, etc)/person's response): \_\_\_\_\_

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

Please list **types** of aggression (Pinned Ears/Threatens, Strikes, Lunge, Kicks, Bites, Chases):

Grooming: \_\_\_\_\_

During Mounting: \_\_\_\_\_

During Riding: \_\_\_\_\_

Disciplining: \_\_\_\_\_

Walking on Lead: \_\_\_\_\_

Touching body (list area): \_\_\_\_\_

Around Food: \_\_\_\_\_

List **with whom** aggression has occurred (People-male/female/kids, Only owner, Type of Animal):

Grooming: \_\_\_\_\_

During Mounting: \_\_\_\_\_

During Riding: \_\_\_\_\_

Disciplining: \_\_\_\_\_

Walking on Lead: \_\_\_\_\_

Touching body (list area): \_\_\_\_\_

Around Food: \_\_\_\_\_

Other (describe): \_\_\_\_\_

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Misbehavior under saddle (circle appropriate responses):

Moves during mounting      Backs in Harness      Bucks      Rears      Only Leads

Only Follows      Runs Away      Slow to Leave & Quick to Return to Barn

Hard to Keep on Right or Left      Other: \_\_\_\_\_

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## Husbandry:

What type & brand of diet do you feed your horse? \_\_\_\_\_

How much does he/she eat a day? \_\_\_\_\_

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

When & where is your horse fed each day? \_\_\_\_\_

Does your horse eat: quickly slowly.

What are your horse's favorite foods? \_\_\_\_\_

How often do you clean the buckets and how? \_\_\_\_\_

Is your horse protective around the food (ie. pins ears, lunges, bites) and describe? \_\_\_\_\_

What type of fencing is used to restrain your horse? \_\_\_\_\_

Please list the type of EXERCISE with its purpose, amount & frequency that your horse receives.

(ie. hours per week ridden, hours per week in paddock, groundwork done, round pen work done, etc)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the type of equipment used in EACH of the Exercise types listed above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Explain: \_\_\_\_\_  
\_\_\_\_\_

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

## Training:

Age at halter training: \_\_\_\_\_

Method use to train to saddle or harness and age when this began: \_\_\_\_\_  
\_\_\_\_\_

Other types of training methods: \_\_\_\_\_

Styles of use (dressage, jumping, driving, games, trail, riding, cutting):  
\_\_\_\_\_  
\_\_\_\_\_

How well did your horse do? Excellent Good Average Poor

Is your horse more obedient in some places than others? Yes No *If yes, where?* \_\_\_\_\_  
\_\_\_\_\_

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

*If yes, with whom?* \_\_\_\_\_

Do you correct your horse when he/she misbehaves & how? \_\_\_\_\_

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## Patient Details:

Horse's Name \_\_\_\_\_

Horse's Breed \_\_\_\_\_

Sex: Female Male (Neutered? Yes No) *If yes, at what age?* \_\_\_\_\_

Date of Birth \_\_\_\_\_

Where did you get your horse? \_\_\_\_\_

How many previous owners has your horse had? \_\_\_\_\_

How long have you owned your horse & what age was your horse when you purchased? \_\_\_\_\_

Reason for obtaining this horse & are you still using your horse for this purpose? \_\_\_\_\_

## Medical History:

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

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

What was your horse's age at weaning? \_\_\_\_\_

Have any blood testing or other diagnostic tests been performed? Yes No *If Yes, list results:* \_\_\_\_\_

Has your horse been treated for intestinal parasites (when/product)? \_\_\_\_\_

Is your horse current on its vaccinations? \_\_\_\_\_

Is your horse on medication/supplement for behavior at ANY time? Yes No *If yes, please list names & dosages:* \_\_\_\_\_

## Environment:

What type of housing does your horse live in? (stall, pasture, run-out shed, combo) \_\_\_\_\_

How many horses live in the environment (ie. in the barn) and how many are in contact (ie. in same pasture)? \_\_\_\_\_

List other horses in the environment and the relations between the horses (friendly, aggressive, neutral) \_\_\_\_\_

List other animal in the environment and the relations between these and your horse (friendly, aggressive, neutral) \_\_\_\_\_

Estimate of area's square footage or acreage: \_\_\_\_\_

Any accessories are in the environment to play with? \_\_\_\_\_

How much time do you spend daily with your horse? \_\_\_\_\_

Has there been any changes since acquiring your horse? Death of a pet, Death of a family member, Illness, Divorce, Marriage, New baby, College-bound child, Schedule change, Pet added, Other: \_\_\_\_\_

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Olmsted Township, Ohio 44138

Phone: 440.334.8534

Fax: 440.399.1053 OR 440.625.6034

dr.feltes@thebehaviorclinic.com

www.thebehaviorclinic.com

## Equine 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 horse'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 horse with this completed form or bring one to the appmt.

Date: \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (AM) \_\_\_\_\_ (PM) \_\_\_\_\_

(Mobile) \_\_\_\_\_ (Fax) \_\_\_\_\_

Email \_\_\_\_\_

All Participants who work with this horse, 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 horse before? Yes No *If yes, have you owned this breed before? Yes No*

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_