

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, 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, 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

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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):

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): _____

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): _____

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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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)

