

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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Current Problem continued:

How frequently does the problem occur? Daily Weekly Monthly Yearly
Does the problem(s) occur when you are away from home? Yes No *If not, where are you and where is the cat 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 cat 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 cat'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 cat? Yes No
If yes, why have you not done so yet? _____

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

What other behaviors does your cat 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:

Describe what your cat 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? _____

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

Other details? _____

Describe the most recent incident:

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

Describe the second most recent incident:

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

Describe the third most recent incident:

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

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Routine continued:

Does your pet 'come' or have any tricks (describe)? _____

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

How long is your pet alone daily? _____

What arrangements are made for your pet if away on vacation? _____

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 itself more than you would expect? Yes No

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

If yes, please describe: _____

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, Change in personal routine, Change in living arrangements, Other: _____

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

Has your cat ever bitten/scratched a person? Yes No *If yes, did it break the skin? Yes No*

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 cat ever bitten/scratched another animal? Yes No *If yes, did it break the skin? Yes No*

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, Swats, Scratches, Bite) with the following:

Handling/Grooming: _____

Petting/Hugging: _____

Disturbed when Resting: _____

Disciplining: _____

Taking away Objects: _____

Taking away Food: _____

With another household animal: _____

Other: _____

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

Handling/Grooming: _____

Petting/Hugging: _____

Disturbed when Resting: _____

Disciplining: _____

Taking away things: _____

Other: _____

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24 Hour "Day In the Life":

Starting when the earliest family member gets up, detail who feeds and when, where the cat 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: _____

Routine:

Where does your pet sleep? AM: _____

PM: _____

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

Does your pet seek out high places (& where): _____

When does your cat go outside and for how long (summer vs. winter)? _____

If yes, through a cat door or controlled? _____

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

Does it roam free: In a yard? Yes No. Out of yard? Yes No.

Is your pet keen to explore on its own? Yes No

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? _____

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Inappropriate Elimination continued:

List the room(s), locations within them, number of spots found in the room and other details:

Has there been a change in litter box location? Yes No *If yes, from where to where and when?*

Has there been a change in litter type? Yes No *If yes, from what to what and when?*

Interactions:

Is your cat protective around its body (stiffens, growls, scratches or bites)? _____

Does your pet ever show inappropriate mounting or sexual activity? Yes No *If yes, describe:*

If other cats present, how do they interact? _____

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

Do you ever see cats in your yard? Daily Weekly Monthly Never
Is your cat agitated by their presence? Yes No *Describe:* _____

Does your cat defend its territory against these cats? Yes No N/A
How does your pet react to other animals (ie. squirrels, birds, etc)? _____

Does your cat catch prey? Yes No *If yes, is it: Occasionally Regularly.*
What type of prey does it catch? _____

How does your pet behave when visitors come to your home (ie. hides, interested, aggressive)? _____

Is the behavior different between strangers and familiar people? _____

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

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

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***Please submit a drawn a map of your house on a separate paper (include windows, doors, cat beds, perches, scratching posts, litterboxes, toys, bowls, plants, furniture , resting places, locations of conflict, sites of inappropriate elimination and any other relevant details).**

Cat Husbandry:

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

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

How much does he/she eat a day? _____

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

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

Does your cat 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 cat? _____

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? _____

Where is the litter box located & how many are there? _____

What are the types, shapes & sizes of litter boxes? _____

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

What type of litter material is used (brand, scent, clay/clump, additives)? _____

Do you always use the same brand? Yes No

How often is the litter box(s) cleared of waste material? _____

How often is the litter box(s) dumped and washed (with what)? _____

Have you changed the litter or cleaners used (and when)? _____

What cleaners do you use? _____

Does your pet ever eliminate outside the litter box? Yes No

If yes, complete the following:

Inappropriate Elimination:

How often does your cat use the litter box? _____

The litter box is used for: Urine only Feces only Neither Both

Does your pet bury its urine? Always Usually Occasionally Rarely Never Don't Know

Does your pet bury its feces? Always Usually Occasionally Rarely Never Don't Know

Does your pet dig and scratch around the litter box? Yes No

Inappropriate elimination: Urine Feces Both

How often does this occur: Always Daily Weekly Monthly Other: _____

What time of day do you usually find it? _____

Have you ever witnessed this? Yes No. *If yes, your reaction:* _____

What is the posture when depositing urine outside the box: Squatting Standing

Where is the urine located: On the floor. On the walls (6-8" up). Other: _____

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Patient Details:

Cat's Name _____

Cat's Breed _____

Sex: Female Male

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

Cat's Date of Birth _____

Where did you get your cat? _____

Were you told of previous behavioral problems? _____

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

How long have you owned your cat? _____

Reason for obtaining this pet: _____

How old was your cat when it was weaned? _____

Where was your cat raised: indoors outdoors

Medical History:

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

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

Recently has your pet had: Any blood testing? Yes No. Any urine testing? Yes No.

When was the last deworming? _____

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

Is your pet current on its vaccinations? _____

Has your cat 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 cat have access to? _____

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

What toys does your cat play with? _____

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

Is a scratching post provided? Yes No. *If yes, describe it:* _____

Is the post used? Often Occasionally Rarely Never

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information@thebehaviorclinic.com

www.thebehaviorclinic.com

Feline 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 cat 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)

