**9680 Columbia Road, Olmsted Falls, Ohio 44138**

**Phone: 440.334.8534 - Fax: 440.235.8534**

**Email: Information@TheBehaviorClinic.com**

**www.TheBehaviorClinic.com**

**Equine Behavior Questionnaire**

**Instructions:** All information provided is strictly confidential. Please complete this form by typing in the blanks provided and return it no later than 2 days before your pet’s appointment. In order to reach an accurate diagnosis and correctly treat your pet’s problem the specific information requested in this form in needed by the Doctor. We do understand that you may have recently acquired this pet or not know the answer to a question – just complete it to the best of your ability given the knowledge you have. If there is a problem completing the form as provided contact the clinic ASAP at 440-334-8534 or email [Information@TheBehaviorClinic.com](mailto:Information@TheBehaviorClinic.com)

\*Please initial the box indicating consent that payment will be due upon rendering of services.

**Please include a recent photo of your pet at the consult.**

Date:

Mr.Mrs.MissMs.Dr. Family Name:       First Name:

Address:

City:       State:       Zip Code:

Phone: (Home)       (Work)       (Mobile)       (Fax)

Email:

All Family Members who live at home, including yourself (Name/Age/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*, was it this breed before? Yes  No

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

**Patient Details:**

Horse’s Name:

Horse’s Breed:

Sex: Female  Male

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

Horse’s 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?

How old was your horse when it was weaned?

**Medical History:**

Please give a brief medical history, including any recurring problems/treatments.

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

How old was your horse when it was weaned?

Has 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?

Has your dog been on medication for behavior at any time? Yes  No

*If yes, please list drug and dosage:*

*If yes, is your pet on any medications or supplements currently- which ones:*

**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 your spend daily with your horse?

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

**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?

**Aggression:**

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

Check if your horse has ever aggressed a person?  *If yes, did it break the skin?*

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

Check if the person required medical treatment?  *If so,* Hospital  Antibiotics  Sutures

Check if your horse has ever aggressed another animal?  *If so, did it break the skin?*

Describe the incident in detail (who/when/where/details (kick, bite, etc)/ people’s response to the incident):

Check if the animal required medical treatment?  *If so,* Vet Clinic  Antibiotics  Sutures

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

Grooming:

During Mounting:

During Riding:

Disciplining:

Walking on Lead:

Touching body (list area(s)):

Around Food:

Please list **with whom** aggression has occurred (People- male/female, children-age, Only owner, Type of Animal):

Grooming:

During Mounting:

During Riding:

Disciplining:

Walking on Lead:

Touching body (list area(s)):

Around Food:

Other (describe):

**Problem Behavior:**

Misbehavior under saddle (check 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:

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

Is your horse head shy? Yes  No  Please describe:

Barn vices (check 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 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:

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

Check if the problem(s) occur when you are away from home?

*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.

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:

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.\***

Are there 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?*

Is there anything else you would like to tell us 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:

Date:

**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 at the time of your pet’s consultation, exam and/or treatment.

**Payment Options:**

You can choose from:

- Cash, Check, Visa, Discover, American Express or MasterCard

- Convenient Monthly Payment option by using CareCredit

* To use Care Credit please apply online at www.Carecredit.com , bring your card or printed account number, drivers license and 1 additional form of ID to your appointment
* Allows you to begin treatment today and pay over time
* Available for purchases over $200.00
* Can be used repeatedly - for your entire family - without having to reapply

For behavioral health care, a deposit is required. For Consultations, Progress or Technician appointments, a $50.00 deposit is required at the time the appointment is scheduled. If the appointment occurs as scheduled the $50 deposit will be credited towards the cost of the appointment. *The deposit is not refundable if the appointment is cancelled for any reason or if you do not show up at your scheduled appointment*. If needed, you can reschedule your appointment up two business days before the scheduled time without penalty. Appointments rescheduled less than 48 hours ahead of time are subject to a $35 rebooking fee.

**Additional Policy Information:**

The Behavior Clinic; Animal Behavior of Northeast Ohio, LLC charges $40.00 for returned checks. There will be an additional Travel Fee (fee based on mileage traveled one way) incurred if a technician travels to your home for a Behavioral Therapy appointment. If you are not present for the appointment you will be charged the total for the appointment including the travel costs.

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 electronically signing below, you agree to the terms of payment listed above:

* Client/Owner Electronic Signature
* Date
* Pet Name
* Breed