



Date \_\_\_\_\_

Thank you for scheduling a behavior appointment with Dr. Meyer at the Veterinary Behavior Clinic. Please list your primary goal(s) in seeking behavioral counseling for your pet:

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Prior to your appointment, please keep a written record of your pet's behavior and bring it with you to the appointment. Videorecordings of your pet's behavior can be helpful but do not stress your pet by creating upsetting situations to demonstrate a fearful or aggressive response. Dogs should be hungry when you come in for the appointment. You may bring special food treats to use in behavior modification training; however, we have a variety of dog treats available. Please bring along any training devices you have used or are currently using.

The fee for a standard new patient appointment, which lasts 2-3 hours, is \$495. The fee for a consultation for one cat with a litter box problem, which lasts 1-2 hours, is \$295. Although many cases require only the initial consultation, which includes 6 months of follow-up email/phone support, some cases may require a 45-minute recheck appointment. All patients receiving medication prescribed by Dr. Meyer will need an annual recheck examination.

Please complete and return this sheet and the following questionnaire to our office by e-mail (*VetBehaviorClinic@Comcast.net*), mail, or fax. The last page of the questionnaire should be completed by your veterinarian and returned to our office. **In order to hold your appointment time**, both credit card information and completed paperwork must be received at least 10 business days prior to the appointment.

**Cancellation Policy:** If you cancel your appointment less than 5 business days before the appointment or are a "no show," your credit card will be charged \$150. Please note that your card will NOT be charged unless you do not cancel your appointment in a timely fashion or are a "no show."

Credit card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

*We accept Visa, Mastercard, and Discover. Please call to give us your credit card information. Do not send via email.*

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

Printed Name: \_\_\_\_\_

Thank you,

Elizabeth, Patient Care Coordinator  
*VetBehaviorClinic@Comcast.net*

## Canine History Form

### Part 1: Background Information

#### 1. Owner Information

Owner name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail address(es) \_\_\_\_\_

#### 2. Dog's Information

Name \_\_\_\_\_ Breed \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Neutered: Yes \_\_\_ No \_\_\_ Age when neutered \_\_\_

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

How long have you had your dog? \_\_\_\_\_

Where did you get your dog?

- Stray/found    Breeder    SPCA/humane shelter    Rescue service    Private adoption  
 Pet store    Friend   Other (please explain) \_\_\_\_\_

If your dog had a previous owner, please describe the household and the reason(s) for relinquishment \_\_\_\_\_

#### 3. Medical Information

Veterinarian & Clinic \_\_\_\_\_ Phone number \_\_\_\_\_

Does your dog have any medical problems (seizures, painful conditions, etc.)? Yes \_\_\_ No \_\_\_

If so, please list them \_\_\_\_\_

Please list all medications, including dose, your dog is currently taking \_\_\_\_\_

Does your dog have any food restrictions? \_\_\_\_\_

**\*\*\*Please have your veterinarian complete the medical form at the end of this questionnaire and return it to our office prior to your visit.**

4. Household Information

Please list the people, including yourself, currently living in your household:

Name	Sex	Age	Relationship (self, husband, wife, mother in law, etc.)	Occupation

Please list all animals in the household

Order pets were obtained	Name	Species/Breed	Sex	Age obtained	Age now

Describe the relationship between your pets if you feel they are pertinent to the problem \_\_\_\_\_  
 \_\_\_\_\_

Has your household changed since acquiring your dog (moved, marriage, children, etc.)? Yes \_\_\_ No \_\_\_  
 If so, how? \_\_\_\_\_

5. Management

Where does your dog sleep? \_\_\_\_\_

Where do you keep your dog when you leave the house? \_\_\_\_\_

Have you ever used a crate to confine your dog? Yes \_\_\_ No \_\_\_

Do you still use the crate? Yes \_\_\_ No \_\_\_ If so, when? \_\_\_\_\_

How does your dog react to being crated? \_\_\_\_\_

If you no longer use a crate, why did you stop? \_\_\_\_\_

What type(s) of crate have you used?  Wire  Plastic  Canvas  Other \_\_\_\_\_

Is your dog fed on a schedule or free-fed? \_\_\_\_\_

What kind of treats do you give your dog and when do you give them? \_\_\_\_\_

How much and what kind of exercise does your dog get over the course of an average week? \_\_\_\_\_

Describe a typical 24-hour day in the life of your dog

## 6. Training

Describe formal training your dog has had \_\_\_\_\_

Was it:     Group lessons     Private lessons (in-home)     Private lessons (at facility)

Sent away to trainer

Describe the training techniques used (treats, praise, clicker, choke corrections, shock, etc.) \_\_\_\_\_

Describe tools you've used for training (Head halter, body harness, choke collar, prong collar, etc.) \_\_\_\_\_

How successful was the training? \_\_\_\_\_

# Canine History Form

## Part 2: Description of Behavioral Problems

**Please list your dog's behavioral problem(s) that you would like discussed:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What is the precipitating reason for your visit? \_\_\_\_\_

Number of total bites to **people**? (bite = teeth contact human body part) \_\_\_\_\_

Number of bites to **people** that broke skin? \_\_\_\_\_

Number of bites to **people** that required medical attention (stitches, antibiotics, etc.)? \_\_\_\_\_

Have any of the bites been reported? Yes \_\_\_ No \_\_\_

**Please answer the questions below for each problem you listed above. Feel free to attach other pages with additional information you may wish to include.**

**Problem 1** \_\_\_\_\_

Frequency:     Daily     Weekly     Monthly

How reliably does the problem behavior occur when your dog is in a situation where it could occur?

- Less than 25%     25 to 50%     51 to 75%     76 to 100%

Describe the first incident (include date) \_\_\_\_\_

Has the frequency or intensity of the problem changed since the problem started? Yes \_\_\_ No \_\_\_

If so, how and when \_\_\_\_\_

Describe the last 3 incidents (include dates) \_\_\_\_\_

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

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Have you noticed any triggers for this behavior? \_\_\_\_\_

What have you done to try to solve this problem? \_\_\_\_\_

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What has been most successful? \_\_\_\_\_

What has been least successful? \_\_\_\_\_

Has anything you've done made the problem worse? \_\_\_\_\_

How severe do you consider this problem? \_\_\_\_\_

Is the problem severe enough for you to consider removing your dog from your home? \_\_\_\_\_

***Problem 2*** \_\_\_\_\_

Frequency:     Daily         Weekly         Monthly

How reliably does the problem behavior occur when your dog is in a situation where it could occur?

- Less than 25%         25 to 50%         51 to 75%         76 to 100%

Describe the first incident (include date) \_\_\_\_\_

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Has the frequency or intensity of the problem changed since the problem started? Yes \_\_\_ No \_\_\_

If so, how and when \_\_\_\_\_

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Describe the last 3 incidents (include dates) \_\_\_\_\_

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Have you noticed any triggers for this behavior? \_\_\_\_\_

What have you done to try to solve this problem? \_\_\_\_\_

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What has been most successful? \_\_\_\_\_

What has been least successful? \_\_\_\_\_

Has anything you've done made the problem worse? \_\_\_\_\_

How severe do you consider this problem? \_\_\_\_\_

Is the problem severe enough for you to consider removing your dog from your home? \_\_\_\_\_

**Problem 3** \_\_\_\_\_

Frequency:     Daily             Weekly     Monthly

How reliably does the problem behavior occur when your dog is in a situation where it could occur?

- Less than 25%
- 25 to 50%
- 51 to 75%
- 76 to 100%

Describe the first incident (include date) \_\_\_\_\_

Has the frequency or intensity of the problem changed since the problem started? Yes \_\_\_ No \_\_\_

If so, how and when \_\_\_\_\_

Describe the last 3 incidents (include dates) \_\_\_\_\_

Have you noticed any triggers for this behavior? \_\_\_\_\_

What have you done to try to solve this problem? \_\_\_\_\_

What has been most successful? \_\_\_\_\_

What has been least successful? \_\_\_\_\_

Has anything you've done made the problem worse? \_\_\_\_\_

How severe do you consider this problem? \_\_\_\_\_

Is the problem severe enough for you to consider removing your dog from your home? \_\_\_\_\_

## Veterinary History Form

*To be completed by the pet's veterinarian and returned (email preferred) to our office prior to appointment.*

Clinic name:	Veterinarian's name:
Address:	Phone number: Email: Fax number:
Client's name:	Pet's name:
<b>Behavioral History</b>	
Describe the pet's behavior in your clinic, including any problems that you have observed:	
For what behavioral problem is this pet being evaluated?	
Please indicate any advice or counseling that you have given to the client thus far:	
Have any medications or products been suggested? If yes, indicate dates, doses, duration, and response:	
<b>Medical History</b>	
Date of most recent physical/dental examination:	Most recent weight:
List any abnormal findings:	
Vaccination status up-to-date?	
List any current medical problems:	
Are you aware of any sensory deficits? If so, describe:	
Are you aware of any painful conditions in this pet? If so, describe:	
List any recurrent or previous medical problems:	
Is the pet presently receiving treatment or medication of any type?	
<b>Diagnostic Screening Tests</b>	
<i>Attach a copy of all recent diagnostic or screening tests. Alternatively, please complete this section.</i> Indicate what diagnostic screening tests have been performed and date of each:	
List any abnormal results:	