



VCA San Francisco Veterinary Specialists Behavior Consultation Questionnaire

Please answer the following questions and send the completed form to Dr. Cooper in advance of your scheduled appointment (contact info is on the last page). Specific questions about the problem behavior(s) will be asked during your consultation.

GENERAL INFORMATION			
Client's Name:		Email:	
Address (City/State/ZIP):			
Home Phone: ()	Cell: ()	Alt: ()	
Pet's Name:		Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:	
Breed:	Age/DOB:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Neutered/Spayed?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Who Referred You?	
Who Is Your Pet's Regular Veterinarian?			
Doctor's Name:		Clinic:	
Address:		Telephone:	

HOUSEHOLD BACKGROUND INFORMATION				
<i>Please list all the human members of the household (including yourself):</i>				
Name	Age	Sex	Occupation	Relationship With Pet

<i>Please list all the animal members of your household:</i>					
Name	Species	Breed	Sex (Neutered?)	Age Obtained	When/Where Obtained

(Continued)

Please describe your household's daily routine, including feeding, exercise and play times:

Where do your pet(s) stay when no one is home?

Which of the following best fits your housing situation? (Please check one, or describe.)

- APARTMENT – STUDIO OR ONE BEDROOM
- APARTMENT– TWO+ BEDROOMS
- DUPLEX/ATTACHED HOUSE
- SINGLE-FAMILY HOME
- TRAILER
- FARM
- OTHER: _____

Is your pet allowed outdoors? Yes No

If yes, under what circumstances?

HISTORY OF THE PATIENT

Has your pet had any medical problems since you've had him or her? Please describe:

Is your pet on any medication? If so, please list the name and strength of the medication, and how often it is given:

Has your pet had any adverse reaction to any medication? If so, please list the medication and briefly describe the reaction:

Are your pet's vaccinations current? Yes No

How would you describe your pet's general health? Good Some Problems Major Health Problems

When was the last time your pet was examined by a veterinarian?

What do you feed your pet (brand, wet or dry, amount)?

When, where and how often do you feed your pet?

What are your pet's favorite treats?

Where does your pet sleep?

(Continued)

Describe your pet's basic personality.

Is your pet toilet trained (litter box or toilet trained)? Yes No

If the patient is a dog, have you taken him or her to obedience training? Yes No

If yes, please describe when and where:

In the past, has your pet had any problem behavior? Yes No

If yes, briefly describe the problem:

How was it resolved?

CURRENT PROBLEM BEHAVIOR(S)

What is the main behavior problem or complaint?

Please list current problem behaviors and rate their severity:

Behavior Problem	Very Serious	Serious	Not Serious
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When did you first notice the main problem (age of the animal, or length of time after obtaining him or her)?:

Describe the chronology of the behavior problem, i.e., how it developed over time:

When did it first become a serious concern?

Under what general circumstances does your pet misbehave?

How frequently do problems occur? (How many times daily, weekly or monthly?)

Problem: _____ Frequency: _____

Problem: _____ Frequency: _____

Problem: _____ Frequency: _____

Problem: _____ Frequency: _____

(Continued)

Has the primary problem changed in frequency? Please describe:

Has the primary problem changed in intensity? Please describe:

Has the primary problem otherwise changed?

What other circumstances have changed for your household?

Please describe several incidents of the primary problem in detail:

1. Most recent incident (date: _____)

2. Second-to-last incident (date: _____)

3. Third-to-last incident (date: _____)

4. Other significant incidents:

Under what circumstances is the problem behavior most likely to occur?

Under what circumstances is the problem behavior least likely to occur (i.e., when is the animal “good”)?

What have you done so far to try to correct the problem?

How do you discipline your pet for this problem?

Which problem behavior bothers you the most?

(Continued)

What are your goals concerning your pet and this problem?

Comments/further information you feel is important:

Please send the completed form to Dr. Cooper in advance of your scheduled appointment.

Leslie Larson Cooper, DVM, Diplomate, American College of Veterinary Behaviorists

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STATEMENT OF OWNERSHIP AND CONSENT: I am the owner and/or agent of the above animal and have the authorization to consent to treatment if and when it is needed. By signing this agreement, I authorize VCA San Francisco Veterinary Specialists staff to provide care and perform any treatment, including the administration of anesthesia and surgical procedures they consider reasonable and necessary for my animal, and I consent to any such services. I understand that with any medical or surgical procedures there are always risks involved, including death, and that no warranty or guarantee is being made as to the results or cure.

I understand that I must come in and collect my animal before close of the next business day once notified to do so. Additional charges will accrue if my animal is not collected on the day he or she is ready to be released from the hospital. I will be responsible for all charges incurred. I understand that all veterinary services are to be paid for at the time such services are provided. A finance charge of 1.5% (18% per annum) will be charged on all unpaid invoices beginning 30 days from the invoice date. All unpaid checks and delinquent accounts will be transferred to a collection agency.

Owner/Authorized Caregiver Signature (Required): _____ Date: _____

Verified by (Office Use Only): _____