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**Preparing For Your Pet’s Behavior Appointment**

\*Note: Our current protocol is modified to reduce exposure to you and our staff during the COVID pandemic.

Welcome to Metropolitan Veterinary Associates’ Behavior Service! Thank you for taking the first step to help improve your pet’s behavior and welfare. This letter will explain how to prepare for your visit and what your visit will include.

**Visit protocol during COVID restrictions**: You will schedule two appointments with Dr. Hauser. The first is a brief 20-minute in-person examination to establish a legal veterinarian-client-patient relationship. Depending on the weather, the examination will be performed inside an exam room or outside the hospital while maintaining a 6-foot distance. If your pet has a history of aggression during veterinary visits or we feel it is unsafe/too stressful for your pet to perform a hands-on examination, a visual examination will be performed. The second appointment will be performed via telemedicine (TeleVet video call) during which Dr. Hauser will review your pet’s history, provide an assessment, and discuss a treatment plan. This is scheduled for 1.5 hours and will occur within a week of the in-person examination if possible. *Your pet’s concerning behavior will not be intentionally provoked or triggered during either appointment. This is to keep all individuals safe.*

**Required paperwork prior to the visit**: The Initial Behavior Consultation History Form is a multi-page questionnaire that outlines your pet’s behavioral and medical histories, current environment, and training history. This form is necessary for Dr. Hauser to provide a full assessment at the consult. Due to the length of the form, we ask that it is completed and returned at least 48 hours prior to your first appointment. If you have any issues completing this form, please let us know as soon as possible so we may assist you by providing a Word document version. If you are bringing more than 1 pet for an assessment, please complete a form for each pet. If you have videos or additional information to share prior to the appointment, they may be emailed directly to [info@metro-vet.com](mailto:info@metro-vet.com) or via an online platform (e.g. Dropbox, Google Drive, YouTube). *Please do not provoke your pet or put anyone in danger in order to obtain video.*

**TeleVet instructions**: TeleVet is the telemedicine platform that we will use for the video call. When you schedule your appointment, an email will be sent to you from TeleVet with information about how to create an account and log in. If you do not see this email, please search for “TeleVet” in your email search bar. If you did not receive an email, please contact us to have another email sent. Once you receive the email, please download the app and create an account for your pet. You can use this program on a computer or phone. If you are having any issues with TeleVet, please contact us.

**What to bring**: We require every person present at the in-person examination to wear a mask. We encourage you to bring plenty of high value treats that your pet loves (cheese, chicken, etc.)! These can be used to redirect your pet from potential triggers. For dogs, please make sure you bring a non-retractable leash and any walking equipment you use. If you have a muzzle for your dog, please bring it along with you. Depending on your dog’s needs, we encourage you to place the muzzle. For cats, please bring your cat in a secure carrier.

**Upon arrival**: When you arrive at the hospital, please call us at 610-666-1050 to inform us that you are outside and provide us with a description of your car and where you are parked. Kara, Dr. Hauser’s nurse, will then meet you outside to bring your pet in for examination or Kara and Dr. Hauser will meet you outside. If you are running late, please call the hospital to inform us. If you arrive early, please wait in the car as another behavior patient may be in the parking lot.

**Blood work**: If a behavior medication is recommended and your pet has not had any blood work (complete blood cell count, chemistry) performed in the last few months, we may recommend that it be done to assess your pet’s overall health. This may be offered at the visit or can be performed at your local veterinarian’s office.

**Discharge instructions**: The information provided during the telemedicine appointment will be emailed to you within 24 hours of your pet’s appointment. The email will include handouts and links to videos to help guide you through your pet’s treatment plan.

**Follow-up:** After the initial consultation, we strongly recommend scheduling a telemedicine recheck for approximately 4-6 weeks later to discuss your pet’s progress. Email support is available for brief inquiries but for any concerns or questions regarding your pet’s behavior, we offer 20-minute phone/video check-ins for a fee. It may be recommended to schedule a 45 minute full recheck appointment via phone/video for a more in-depth discussion. In order to continue providing care and prescribing medications, we legally require an in-person appointment with your pet at least once a year.

**Fees**:

* Initial consultation (in-person exam + telemedicine) - $365
  + Each additional pet - $75
* Recheck (45 minutes via phone/video) - $140
* Follow-Up/Check-Ins (20 minutes via phone/video, at the discretion of Dr. Hauser) - $60

*We look forward to seeing you and thank you for allowing us to participate in the care of your pet!*

Please complete the below questionnaire and return to info@metro-vet.com.  In the subject line, please list your pet's name, your last name and "Behavior.



**Feline Initial Behavior Consultation History Form**

* *For legibility purposes, please do not complete this form by hand.*

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General information**

|  |  |
| --- | --- |
| Your first and last name(s) |  |
| Date of appointment |  |
| Full Address |  |
| Phone numbers (indicate preferred number) |  |
| Email address(es) |  |
| Who referred you? |  |

**Basic information**

|  |  |
| --- | --- |
| Feline’s name |  |
| Age (indicate months or years) |  |
| Breed |  |
| Sex | ☐ Male ☐ Female |
| Spay or neutered? | ☐ Yes ☐ No  If yes, age when performed? |
| Weight (indicate pounds or kilograms) |  |
| Age and/or date when acquired |  |
| Source | ☐ Breeder ☐ Shelter ☐ Stray  ☐ Rescue ☐ Other:  Name of breeder/rescue/shelter if applicable: |
| History prior to acquisition, if known |  |
| Cat’s behavior as a kitten, if known |  |
| Did you meet your cat’s parents? | ☐ Yes ☐ No |
| Have you been in touch with the owners of your cat’s littermates? |  |
| How much interaction did he/she have with people and other cats in the first year of life? |  |
| What is your cat’s response to changes in the environment or small/sudden noises? |  |
| Does your cat have any difficulty settling within the home? |  |
| After your cat reacts to a trigger, how long does it take him/her to recover? |  |

**Medical History**

|  |  |  |
| --- | --- | --- |
| Primary care veterinarian information | Clinic name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Veterinarian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date of last veterinary visit: |  | |
| Has your cat had baseline blood work (CBC, chemistry) performed within the past 3 months? | ☐ Yes ☐ No  Date of last blood work: | |
| *Please list your pet’s current medications, supplements, or other treatments below* | | |
| Name of heartworm preventative |  | |
| Name of flea/tick preventative |  | |
| **Name** | **Dose** (in mg) | **Frequency** (e.g. once daily, as needed) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Has your cat previously been prescribed medications, supplements, or pheromones for his/her behavior that are not listed above? | ☐ Yes ☐ No  If yes, please list the name, date started, date discontinued, dose, and effects: | |
| Any chronic medical conditions? | ☐ Yes ☐ No  Explain: | |
| Any current or history of pain (limping, difficulty getting up or lying down, resistance using stairs, slowing down on walks)? | ☐ Yes ☐ No  Explain: | |
| Have you noticed your pet exhibiting any of the following in the last year? | ☐ Coughing ☐ Sneezing ☐ Vomiting  ☐ Diarrhea ☐ Other: | |
| Does your cat have or ever had seizures? | ☐ Yes ☐ No | |
| Current diet | Brand:  Amount and frequency: | |
| Describe your cat’s appetite | ☐ Excessive ☐ Good/Average ☐ Poor  Explain: | |
| At what speed does he/she typically eat? | ☐ Fast ☐ Slow ☐ Grazes | |
| Does your cat have any confirmed or suspected food allergies or sensitivities? | ☐ Yes ☐ No  Explain: | |

**Current Behavior Problems**

|  |  |
| --- | --- |
| Describe the main behavioral concerns for your cat.  *If aggression is involved, more information will be collected below.* |  |
| Describe a typical episode(s) |  |
| How old was the cat when it started? |  |
| Where does the problem commonly occur? |  |
| With whom? |  |
| How often? |  |
| Any other details surrounding the problem? |  |

**Household Occupants**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Age & Relationship to you | Occupation | | Relationship with pet (e.g. follows around, trains, no interaction, etc.) | |
| (you) |  |  | |  | |
|  |  |  | |  | |
|  |  |  | |  | |
|  |  |  | |  | |
|  |  |  | |  | |
| Is anyone in the household pregnant or planning to adopt/foster a child in the near future?  (This information is collected for safety precautions. You are not obligated to answer.) | ☐ Yes ☐ No  If yes, please provide a due date if applicable or any relevant information: | | | | |
| Have you owned cats before? | ☐ Yes ☐ No | | | | |
| **Household Pets (aside from cat presenting for evaluation)** | | | | | |
| Name | Species, Age, Breed, Sex, Neuter status | | Age when obtained | | Relationship with patient |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
| If you have more than 1 pet, where are they each fed? |  | | | | |
| What type of home do you reside in? | ☐ Apartment/Condo ☐ Townhouse ☐ Single family house  ☐ Other: | | | | |
| How many rooms are in your home? |  | | | | |

**Daily Activities**

|  |  |
| --- | --- |
| Have there been any changes in your household routine since acquiring your cat? (e.g. new job, new work schedule, new baby, etc.)? | ☐ Yes ☐ No  Explain: |
| Where does your cat spend the most time? | When you are home:  When home alone: |
| Where does your cat sleep? |  |
| Is your cat ever confined? | ☐ Yes ☐ No If yes:  During what situations?  With which method (e.g., crate, baby gate, behind a door)?  What is their response? |
| How often do you play with your cat? | ☐ Never ☐ 1-2 times per day ☐ Multiple times per day  ☐ Other: |
| Is your cat playful?  What kinds of toys does he/she like? | ☐ Yes ☐ No  Explain: |
| How does your cat respond to catnip? |  |
| Have you performed any training with your cat? | ☐ Yes ☐ No  If yes, what training? |
| How do you correct your cat when he/she misbehaves? |  |
| What types of training aides have you used (e.g. spray bottle, loud noise, treats)? | Currently:  Previously: |
| Is your cat allowed to go outside? | ☐ Yes ☐ No  If yes, where do they spend time, for how long, and is access controlled by you? |

**Aggression (if applicable)**

|  |  |
| --- | --- |
| Describe the first incident of aggression including your pet’s age, people/animals involved, and location.  *Please provide a description of your cat’s body language (e.g. ear or tail position, hair standing up, vocalization, etc.) if possible.* |  |
| Describe the most recent incident including the date, people/animals involved, and location.  *Please provide a description of your cat’s body language (e.g. ear or tail position, hair standing up, vocalization, etc.) if possible.* |  |
| How do you typically respond to these incidents? |  |
| What is your cat’s reaction to your response? |  |
| How frequently does this type of incident occur? | ☐ Multiple times per day ☐ Daily  ☐ Several times per week ☐ Weekly  ☐ Monthly ☐ A few times per year |
| What has been done to address the problem? |  |
| The problem is getting: | ☐ Better ☐ Worse ☐ No change |
| Has your cat made contact with an individual during the aggression? | ☐ Yes ☐ No  If yes, what type of injury?  ☐ Scratch ☐ Bruise ☐ Puncture(s)  ☐ Tear |
| How many times has your cat bitten a person, cat, dog, or other animal? | Person:  Animal: |
| If your cat has a bite history, how many times did a bite break skin? | Person:  Animal: |
| If your cat has a bite history, was any incident reported to Animal Control or other authorities? | ☐ Yes ☐ No  If yes, to whom? |
| Is there any legal action pending because of this pet? | ☐ Yes ☐ No  If yes, which incident(s)? |
| If not already described, please explain the bite incidents. |  |

**Interactions with Familiar People (people living in the home or visiting multiple times per week)**

|  |  |  |
| --- | --- | --- |
| *Is there any aggression in the following circumstances? If yes, please describe towards who and the cat’s body language.*  Aggression could be demonstrated by: **growling, hissing, lunging, nipping, scratching and/or biting.** | | |
|  | Name of Familiar Person(s) | Behaviors displayed & other information |
| Handling, grooming |  |  |
| Petting, hugging, kissing, picking up |  |  |
| Disturbing pet while resting |  |  |
| Disciplining (verbal or physical) |  |  |
| Around cat food |  |  |
| Around other objects |  |  |
| During restraint |  |  |
| Moving while on furniture |  |  |
| Other times: |  |  |
| If yes to any, please explain situations below: | | |

**Interactions with Other Animals in the Home (if applicable)**

|  |  |  |
| --- | --- | --- |
| *Is there any aggression in the following circumstances? If yes, please describe towards who and the cat’s body language.*  Aggression could be demonstrated by: **growling, hissing, lunging, nipping, scratching and/or biting.** | | |
|  | Name of Familiar Animal(s) | Behaviors displayed, other information |
| Around cat food |  |  |
| Around treats |  |  |
| Around high value items (beds, cat tree) |  |  |
| Around toys |  |  |
| Around favorite people |  |  |
| During play |  |  |
| Other times: |  |  |
| If yes to any, please explain situations below: | | |

**Interaction with Unfamiliar People and Animals**

|  |  |
| --- | --- |
| What is your cat’s response to visitors? |  |
| Where is your cat when guests are present? Is it by choice? |  |
| How often do you see other cats outside your home? | ☐ Daily ☐ Occasionally ☐ Rarely ☐ Never |
| What is your cat’s response to seeing unfamiliar cats outside, if applicable? |  |

**Elimination Behavior**

|  |  |
| --- | --- |
| How many litter boxes are in your home? |  |
| Please provide the following details for each litterbox:   1. Location 2. Type 3. Size 4. Litter type 5. Whether a liner is present | Box 1:  Box 2:  Box 3:  Box 4:  Box 5: |
| Have there been any recent changes to the litter boxes? | ☐ Yes ☐ No  If yes, please describe them: |
| How often is waste scooped out? |  |
| How often is the litter replaced? |  |
| How often is the box completely emptied out and washed? |  |
| What do you use to clean/wash the litter box itself? |  |
| Does your cat prefer to use a freshly cleaned litter box? | ☐ Yes ☐ No |
| Will your cat eliminate in the presence of people or other animals? | ☐ Yes ☐ No |
| Does your cat bury his/her eliminations? | ☐ Yes ☐ No |
| Does your cat scratch and dig in and around the box? | ☐ Yes ☐ No |
| Does your cat ever run out of the box after eliminating? | ☐ Yes ☐ No |
| **Problem elimination behavior *(only fill out if your cat is eliminating outside of the litter box)*** | |
| What is your cat leaving outside the litter box? | ☐ Urine ☐ Feces ☐ Both  Frequency: |
| How long has this behavior been occurring? |  |
| What time of day do you usually find the deposits outside the box? |  |
| When the problem first began, do you recall any unusual incident at the time or something that may have upset the cat (in the environmental or medically)? | ☐ Yes ☐ No  If yes, please explain: |
| Have you ever witnessed the cat eliminating outside the litter box? | ☐ Yes ☐ No |
| What is your response when your cat eliminates outside of the litter box? |  |
| If your cat is urinating outside the litter box, where does it occur? | ☐ Vertical surfaces (e.g., walls, curtains)  ☐ Horizontal surfaces (e.g., floor, carpets) |
| How do you clean eliminations outside of the litter box? |  |
| Has your cat had urinary tract infections or other urinary issues? | ☐ Yes ☐ No  If yes, please explain: |
| When was the last time a urine sample was examined by your veterinarian? |  |
| What has been done in the past (medical, environmental, behavioral) to change this behavior? |  |
| Has anything been effective in decreasing or eliminating the problem? | ☐ Yes ☐ No  If yes, please explain: |

**Scratching Behavior**

|  |  |
| --- | --- |
| Is your cat declawed? | ☐ No ☐ Front only ☐ All four feet  If yes, at what age? |
| Do you have scratching posts? | ☐ Yes ☐ No  If yes, what type (orientation, material) and where are they located? |
| Does your cat use the scratching posts? | ☐ Yes ☐ No ☐ N/A |
| Does your cat scratch in undesirable locations? | ☐ Yes ☐ No  If yes, where and what have you tried to stop it? |

**Other Behaviors**

|  |  |
| --- | --- |
| Does your cat show inappropriate mounting or other sexual behavior? | ☐ Yes ☐ No  Explain: |
| Does your cat lick or chew his/her body more than you would expect? | ☐ Yes ☐ No  Explain: |
| Does your cat lick other objects or people more than you would expect? | ☐ Yes ☐ No  Explain: |
| Does your cat display any reaction to noises such as thunderstorms, fireworks, or other loud noises? | ☐ Yes ☐ No  Explain: |
| Does your cat ever chase his/her tail, go after lights/shadows, show skin twitching, or snap at the air when nothing is present? | ☐ Yes ☐ No  Explain: |
| Describe your cat’s behavior at the veterinary clinic. |  |
| Describe any other behaviors you find concerning that you have not yet mentioned. |  |

**Future considerations**

|  |  |
| --- | --- |
| What are your goals for treatment? |  |
| Under what circumstances would you consider rehoming this cat? |  |
| Under what circumstances would you consider humane euthanasia? |  |

**Feedback**

|  |  |
| --- | --- |
| Any comments or feedback about your experience completing this questionnaire? Were there questions that were unclear or other limitations? |  |

**Layout of the home**

|  |
| --- |
| Please draw a map or layout of your home and attach it to the end of this document or submit it separately. Indicate the location of the following areas: food, water, litter boxes, rest areas, cat trees, scratching posts, windows, and doors. You can email this to us ahead of time or bring it to the appointment. |

**Thank you for completing the history form for your consultation!**