

**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.



**Canine Initial Behavior Consultation History Form for Fosters**

* *For legibility purposes, please do not complete this form by hand.*
* *Once completed, please email to* [*info@metro-vet.com*](mailto:info@metro-vet.com) *and include “behavior” and the pet’s name in the subject line.*

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

***\*When selecting an option, please highlight the correct response or place an “x” in the box\****

**NOTE: For animals that belong to a shelter/rescue, a representative that has the legal authority to make decisions for the animal must be present for the appointment.**

**General information**

|  |  |
| --- | --- |
| Foster(s) first and last name(s) |  |
| Rescue/Shelter name |  |
| Date of appointment |  |
| Full Address | Foster:  Rescue/shelter: |
| Phone number | Foster:  Rescue/shelter: |
| Email address(es) | Foster:  Rescue/shelter: |
| Who referred you? |  |

**Basic information**

|  |  |
| --- | --- |
| Dog’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 | ☐ Owner surrender ☐ Stray ☐ Return-to-rescue/shelter  ☐ Unknown ☐ Other: |
| History prior to acquisition, if known |  |
| Dog’s behavior as a puppy, if known |  |
| Did you meet the dog’s parents? | ☐ Yes ☐ No |
| Do you have information about the dog’s littermates? | ☐ Yes ☐ No  Explain: |
| How much interaction did he/she have with people and other dogs in the first year of life? |  |
| What is the dog’s response to changes in the environment or small/sudden noises? |  |
| Does the dog have any difficulty settling within the home? |  |
| After the dog 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 the dog had baseline blood work (CBC, chemistry) performed within the past 3 months? | ☐ Yes ☐ No  Date of last blood work: | |
| *Please list the dog’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 the dog 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 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 the dog exhibiting any of the following recently? | ☐ Coughing ☐ Sneezing ☐ Vomiting  ☐ Diarrhea ☐ Other: | |
| Does the dog have or ever had seizures? | ☐ Yes ☐ No | |
| Current diet | Brand:  Amount and frequency: | |
| Describe the dog’s appetite | ☐ Excessive ☐ Good/Average ☐ Poor  Explain: | |
| At what speed does he/she typically eat? | ☐ Fast ☐ Slow ☐ Grazes | |
| Does the dog have any confirmed or suspected food allergies or sensitivities? | ☐ Yes ☐ No  Explain: | |

**Current Behavior Problems**

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

**Foster Household Occupants**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Age & Relationship to you | Occupation | | Relationship with patient (e.g. follows around, trains, no interaction, etc.) |
| (you) |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| Have you fostered dogs before? | ☐ Yes ☐ No  If yes, have they had behavior problems?  ☐ Yes ☐ No | | | |
| **Household Pets (aside from dog presenting for evaluation)** | | | | |
| Name | Species, Age, Breed, Sex, Neuter status | | Age when obtained | Relationship with patient |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| If you have more than 1 animal in the home, where are they each fed? |  | | | |
| What type of home do you reside in? | ☐ Apartment/Condo ☐ Townhouse ☐ Single family house  ☐ Other: | | | |
| What type of area do you live in? | ☐ Suburban ☐ Urban ☐ Rural ☐ Village  ☐ Other: | | | |
| Do you have a yard? | ☐ Yes ☐ No | | | |
| Do you have a fence? | ☐ Yes ☐ No  If yes, what type (e.g., picket, chain link, electric, etc.)?:  Is this dog able to jump it?  ☐ Yes ☐ No | | | |

**Training and Obedience**

|  |  |
| --- | --- |
| Has this dog ever attended group training classes? | ☐ Yes ☐ No  Companies/Trainers:  Age: |
| Have you ever hired a private trainer for this dog? | ☐ Yes ☐ No  Companies/Trainers:  Age: |
| What cues does this dog perform regularly and reliably? | ☐ Sit ☐ Down ☐ Stay ☐ Come  ☐ Look ☐ Touch ☐ Place  ☐ Other: |
| How do you correct the dog when he/she misbehaves? |  |
| What types of training aides have you used (e.g. prong collars, electric collars, penny can, head halter, front clip harness)? | Currently:  Previously: |

**Daily Activities**

|  |  |
| --- | --- |
| Is the dog walked daily? | ☐ Yes ☐ No  **If yes**:  How often?  Duration of each walk:  Who typically walks the dog?  What time(s) of day is the dog walked? |
| What other type of exercise does the dog receive? | ☐ Fetch ☐ Run ☐ Agility  ☐ Other: |
| Is their exercise done on or off leash? | ☐ On ☐ Off ☐ Both |
| Is the dog playful?  What kinds of toys does he/she like? | ☐ Yes ☐ No  Explain: |
| Where does the dog spend the most time? | When you are home:  When home alone:  Sleeping at night: |
| How do you prepare to leave the dog home alone? |  |
| What does the dog do as you prepare to leave? |  |
| On average, how long is the dog left home alone without people? |  |
| Does the dog ever vocalize, engage in destructive behavior, urination, defecate, or hypersalivate while you are gone? | ☐ None ☐ Urinate ☐ Defecate ☐ Hypersalivate  ☐ Destructive ☐ Vocalization  ☐ Other: |
| Does the dog engage in destructive behavior or eliminate inside when you are home? | ☐ Yes ☐ No  Explain: |
| Is the dog ever confined? | ☐ Yes ☐ No  If yes, when, with which method (e.g., crate, baby gate, behind a door), and what is the dog’s response? |
| If you use a **crate** with the dog, please describe the following: | When it is used:  Location of the crate:  How you get the dog inside:  What the dog has access to inside:  The dog’s behavior when inside:  If the dog chooses to enter on his/her own: |
| Have there been any changes in your household routine since acquiring the dog? (e.g. new job, new work schedule, new baby, etc.)? | ☐ Yes ☐ No  Explain: |

**Aggression (if applicable)**

|  |  |
| --- | --- |
| Describe the first incident of aggression including the dog’s age, people/animals involved, and location.  *Please provide a description of the dog’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 the dog’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 the dog’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 the dog 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 the dog bitten a person or dog/other animal? | Person:  Animal: |
| If the dog has a bite history, how many times did a bite break skin? | Person:  Animal: |
| If the dog 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 dog? | ☐ 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 dog’s body language.*  Aggression could be demonstrated by: **snarling, growling, barking, lunging, snapping (no contact), muzzle punching, nipping, 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 dog food |  |  |
| Around other objects |  |  |
| During restraint (e.g. holding back by collar, while placing harness) |  |  |
| 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 dog’s body language.*  Aggression could be demonstrated by: **snarling, growling, barking, lunging, snapping (no contact), muzzle punching, nipping, and/or biting.** | | |
|  | Name of Familiar Animal(s) | Behaviors displayed, other information |
| Around dog food |  |  |
| Around treats |  |  |
| Around high value items (rawhides, bones) |  |  |
| 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 the dog’s response to the following types of visitors? | Frequent:  Occasional:  New: |
| What is your current guest protocol (if applicable)? |  |
| What is the dog’s response to the following on walks: | Unfamiliar men:  Unfamiliar women:  Unfamiliar children:  Unfamiliar dogs:  Other animals (cats, squirrels):  Crowds/busy areas:  Trucks/buses/vehicles: |
| What is the dog’s response to unfamiliar dogs off leash (e.g. dog park, daycare)? |  |

**Other Behaviors**

|  |  |
| --- | --- |
| Does the dog show inappropriate mounting or other sexual behavior? | ☐ Yes ☐ No  Explain: |
| Does the dog lick or chew his/her body more than you would expect? | ☐ Yes ☐ No  Explain: |
| Does the dog lick other objects or people more than you would expect? | ☐ Yes ☐ No  Explain: |
| Does the dog display any reaction to noises such as thunderstorms, fireworks, or other loud noises? | ☐ Yes ☐ No  Explain: |
| Does the dog ever chase his/her tail, go after lights/shadows, or snap at the air when nothing is present? | ☐ Yes ☐ No  Explain: |
| Describe the dog’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? |  |
| Does this dog have any potential adopters? |  |
| What restrictions will be set for a future adopter? |  |
| Any other information you want to mention regarding future adoption. |  |

**Feedback**

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

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

***Please email the final version (Word or PDF) to*** [***info@metro-vet.com***](mailto:info@metro-vet.com) ***and include “behavior” and your pet’s name in the subject line.***