

## Thank you for seeking a Veterinary Behavior Consultation with Pine Woods Animal Hospital

- We welcome the opportunity to meet you and your pet, to help you understand their behavior and improve your human animal bond!
- **Please note that Dr. Gerevics is NOT a behavior specialist, but a general practice veterinarian with a special interest and additional training in behavior medicine. You WILL be provided with several options on how to include a behavior specialist in your pet's treatment plan.**

### Preparing for Your Visit

- Please complete the attached behavioral history **questionnaire** with as much detail as possible. It's helpful to have information from more than one household member because different people may have different experiences with the pet.
- We request that you ask your veterinarian to send us your pet's complete medical record. Health history is a crucial piece of our assessment and influences our treatment choices, therefore, we need medical notes and lab results not just a vaccine certificate or history line items/receipts.
- All paperwork must be complete and received to schedule an appointment, please submit by email (PWAHBehavior@gmail.com). **Please note we are unable to utilize .pages documents or jpegs, only pdfs and word documents will be accepted by email. Printed documents can be scanned to a pdf using one of the many free scanning apps available on your cell phone.**
- Please note that behavioral advice cannot be given before your appointment; a doctor-patient relationship must be established first.

### Scheduling and Follow Up

- Once your paperwork is received, we will schedule an initial behavior consultation (done via phone call) and the in-hospital examination. Both portions of the consultation will be followed by a full written report within 5 business days. **Please note that formal diagnosis, behavior modification recommendations, and a medical plan for your pet's behavior problem will not be provided until after the in-hospital examination.**
- Once a plan has been finalized, a copy of all pertinent information and test results will be shared your primary care veterinarian.
- We can make treatment plan changes (including medications, training, and management) for up to three months after your appointment. After three months any changes to the treatment plan, including medication changes, will need to be assessed at a recheck appointment. If no changes are necessary, we can continue to refill medications for up to six months following your appointment. A recheck appointment is necessary for prescription renewal after six months. This ensures that your pet will be given the best care possible. You have the option of having your primary care veterinarian take over prescription responsibilities.
- **Please alert your clinician by email when you need refills. We will arrange for refills within 72 hours. Because most pharmacies require 48 hours to process refills, please contact your clinician 5-7 days in advance to ensure there will be no gaps in your pet's medication regimen.**

### Costs

Initial Phone Consultation (includes complimentary exam)	=	\$165
Follow up Consultation	=	\$88
Pre-medication bloodwork	=	~\$250 (+/-depending on medical concerns)
Sedation if needed during exam	=	~\$100 (+/-depending on size of pet/level of stress)

Pine Woods Animal Hospital  
570 E. Robinson St. North Tonawanda, NY 14120  
Phone: **716-695-7836** Fax: **716-695-7837**  
Email: [PWAHBehavior@gmail.com](mailto:PWAHBehavior@gmail.com) Attn : Behavior Referral

## BEHAVIOR QUESTIONNAIRE FOR DOGS

**Patient Info:**

Pet's name:

Age:

Sex:

Breed:

Date of birth:

Neutered/Spayed? Y / N

Weight:

**Owner Info:**

Last name:

Street address:

City, State, ZIP:

Preferred phone:

Email:

First name:

Secondary phone:

Who referred you to us?:

**Who is your regular veterinarian?**

Dr.

Clinic Name:

Street address:

City, State, ZIP:

Phone:

Fax:

Email:

Please have your pet's veterinary records emailed  
or faxed to [PineWoodsAnimal@gmail.com](mailto:PineWoodsAnimal@gmail.com)  
Attn : Behavior Referral or 716-695-7837

Who is your **preferred pharmacy** if local prescriptions need to be filled for your pet:**HOME ENVIRONMENT**

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

Name	Age	Sex	Relationship (i.e. self, spouse)	Occupation (Optional but sometimes helpful)	Average # of hours away from home per day	Quality of relationship with dog

## HOME ENVIRONMENT, cont.

Please list **all** the animals in the household **in the sequence they were obtained**:

Name	Species	Breed	Sex	Neutered?	Age obtained	Age now	Quality of relationship with dog

## BACKGROUND INFORMATION

1. How long have you had your dog?
2. How old was your dog when you first acquired him/her?
3. Where did you get your dog?
4. Has this dog had other owners? ☐ Yes ☐ No If yes, how many?
5. Why was the dog given up by the previous owners?
6. Why did you acquire this dog?
7. Did you meet your dog's parents or do you have any information about littermates? ☐ Yes ☐ No  
If so, please describe:
8. Was a temperament test performed? Yes ☐ No ☐ Unknown ☐  
If yes, please describe the results:
9. Briefly describe your dog's behavior as a puppy (e.g. activity level, response to instructions):

## BEHAVIOR HISTORY

Please fill out the table below in regard to your dog's primary behavior problems and other problems you would like addressed.

Problem – Please include dates and details of recent incidents	Age at which problem began

## INTERACTIONS WITH OTHER ANIMALS

1. What is your dog's relationship with the other animals in your household?
2. What is your dog's response to unfamiliar dogs?
3. Does your dog interact with other dogs, besides those in your household, on a regular basis? If so, when and where?
4. What is your dog's response to cats or other small animals outside your household?

## INTERACTIONS WITH HOUSEHOLD/NON-HOUSEHOLD MEMBERS

Please tell us if there is any aggression in the following circumstances to any members/non-members of your household. This may include growling, showing teeth, lunging, nipping, snapping, or biting. **Please fill in the chart with "Y" if there has been any aggression to any family member in each circumstance, "N" for no aggression, and N/A if the circumstance does not apply.**

HOUSEHOLD MEMBERS	Female adults	Male adults	Children	Specific person	Details
Petting or reaching for dog					
Hugging or kissing dog					
Bending over or staring at dog					
Bathing, grooming or toweling dog					
Disturbing dog when resting					
Pushing or calling dog off furniture					
Giving verbal or physical corrections					
Approach/interact when dog is eating					
Approach/interact when dog has bone or other chew item					
Putting on leash or collar					
Lifting dog					

NON-HOUSEHOLD MEMBERS	Female adults	Male adults	Children	Specific person	Details
Petting or reaching towards dog					
Bending over or staring at dog					
Entering your house or yard					
Enter/exit any room in your home					
Passing when dog is on leash					
Passing when dog is in the car					
Interacting w/ dog on leash					
Interacting w/ dog away from home					
Putting on leash or collar					
Running/jogging/biking					

What is your dog's response to **visitors**?

Frequent visitors	Occasional visitors	Rare visitors	Repair/Delivery persons

## FEARS AND ANXIETIES

Please complete the table below. Please check all that apply.

Circumstance	Defecates	Urinate	Salivates	Dilates Pupils	Trembles	Tucks Tail	Hides	Escapes	Destroys	Vocalizes
Dog is home with family member										
Dog is home alone										
Dog is home alone with another pet										
Dog is home with family but separated from family members										
Dog is home alone confined to a crate										
Dog is at veterinary office										
Dog is at groomer's										
Fireworks										
Thunderstorms										
Loud noises										
Flashes of light										

Please list any specific stimuli (i.e., men, umbrellas, traffic noises) your dog seems to be afraid of:

How does your pet behave in veterinary offices and while being examined? Do they allow for an examination to be completed and blood to be drawn without excessive restraint, resistance, or escalating aggression?

Do you think the use of injectable sedation would be potentially beneficial?

## TREATMENT

This questionnaire is designed to help us evaluate any role previous treatment may play in either your dog's problems or in their resolution. Please check the items below that were recommended and/or attempted. **If your dog responded aggressively or with fear as a result of the use of any of these methods please indicate this response in the "outcome" column.**

Recommendation	Tried (Y/N)	Outcome (Aggression, fear, improved behavior, worsened behavior, etc.)
Stare at or "stare down"		
Grab by jowls/scruff +/- shake		
Shake or throw a can		
Step on leash or choke collar and force down		
"Time out" (if done, specify where, when, and for how long)		
Metal choke or pronged collar		
Water pistol / spray		
Halti or Gentle Leader head collar		
No-pull Harness (i.e. Easy Walk)		
Bark or remote-activated shock collar		
Invisible/electric fence (inside or out)		
Citronella spray collar		
Forced exposure to frightening stimuli		
Knee dog in chest/ belly for jumping		
Hit or kick dog		
Growl at dog		
"String up" or hang by leash and collar		
Rub dog's nose/face into urine, feces or destruction		
Tie or tether on short lead hooked to wall or floor		
Yell "no" at dog		
"Alpha roll" (hold on back, put down on back)		
"Dominance down" (hold on side, legs extended, head flat)		
Crate		
Sit or Lie down for extended period		
Agility or other sport activity		
Use of food or puzzle toys (Kongs, etc)		
Praise for good behavior		
Food rewards for good behavior		
Kennel outdoors		
Tether/tie out on a line in yard		
Use of muzzle at home or on walks		
Teach dog "look" or "watch me"		
Increase play/exercise		
Clicker training		
Avoidance of stimuli that trigger fear or aggression		
Feed meals by hand		
Remove food bowl while eating		
Pheromones (DAP, Comfort Zone)		

Recommendation	Tried (Y/N)	Outcome (Aggression, fear, improved behavior, worsened behavior, etc.)
Anything else that was tried?		

## ENVIRONMENT

1. What type of area do you live in (Urban, suburban, etc.)?
2. What type of home do you live in (studio, apartment, house)?
3. Do you have a yard? ☐ Yes ☐ No  
If so, what type of fence do you have?
4. What is the height of your fence?
5. Has your household changed since acquiring your dog? ☐ Yes ☐ No  
If so, how?

## DAILY SCHEDULE

1. How many times is your dog **walked on a leash** per day (*Circle one*)?  
0   1   2   3   4   5   6   7   8   >8
2. What is the **average length of each leash walk** (please do not include yard time)?
3. How many times is your dog let out in the yard each day (*circle one*)?  
0   1   2   3   4   5   6   7   8   >8  
  
On average, for how long?  
Does someone go out with the dog? ☐ Yes ☐ No  
How many hours per day does your dog spend **OUTDOORS unsupervised**?  
Does your dog have access to the outside through a dog door? ☐ Yes ☐ No

4. Where is your dog when home **alone**? (i.e. confined to a room or crate, loose in the house, outdoors, etc.)

5. Do you limit your dog's access to any part of the house when you **are** home? If so, please explain:

6. Where is your dog when you have guests? Please indicate whether this is by choice, or whether you put him/her there.

7. How do you play with your dog?



8. Does your dog ever eliminate in the house? ☐ Yes ☐ No

If so, does he or she: ☐ Urinate ☐ Defecate ☐ Both

Does the elimination occur primarily: ☐ When you are home ☐ When the dog is home alone ☐ Both

9. How does your dog behave as you prepare to leave?

10. How does your dog behave when you return?

11. Where does your dog sleep at night?

12. What is a typical day (24 hours) in the pet's life like?

Please start with where the pet is when you wake up in the morning.

## DIET AND FEEDING

1. What do you feed your dog? (Please be specific, i.e. brand name, canned vs. dry)
2. How many meals is your dog fed each day?
3. Where is your dog's food bowl?
4. If other animals eat at the same time, describe the arrangement (e.g. same room, separate rooms, etc.)
5. Does your dog finish each meal? ☐ Yes ☐ No
6. Does someone have to be present for your dog to eat? ☐ Yes ☐ No
7. Does your dog have any food allergies or diet restrictions?  
If so, please describe: ☐ Yes ☐ No
8. Is water available to your dog 24 hours a day?  
If no, why not? ☐ Yes ☐ No

## MEDICAL HISTORY

1. At what age was your dog neutered/spayed (if applicable)?
2. If your dog is not neutered has he/she ever been bred? ☐ Yes ☐ No ☐ Unsure
3. Are you planning to breed your dog? ☐ Yes ☐ No ☐ Unsure
4. Is your pet currently receiving heartworm and flea/tick prevention? ☐ Yes ☐ No  
If so, please list the type:
5. Is your pet on any medications at this time?  
If so, please specify:

### MEDICAL PROBLEMS:

Please list any previously diagnosed medical problems and how they were treated.

Date	Diagnosis	Treatment (including medications and dosage)	Outcome

Please list any **BEHAVIORAL** medications/supplements you have administered to your pet:

Date	Treatment	Outcome

**TRAINING- PLEASE NOTE THAT A TRAINER WILL BE RECOMMENDED DURING YOUR PET'S CONSULTATION. BEHAVIOR MODIFICATION IS A LARGE COMPONENT WHEN CHANGING UNWANTED BEHAVIORS, WHICH IS BEST TITRATED BY A POSITIVE REINFORCEMENT TRAINER.**

1. Has your dog ever attended a training class or had a trainer come to your home? ☐ Yes ☐ No  
If so, please give details (when, where, age of dog, who trained dog)

2. What method of training was used (i.e. clicker training, leash corrections, special collars, etc.)

3. Name of trainer?

4. Have you done any specialized training with your dog (i.e. agility, tracking, fly ball)?

5. How did your dog perform in training class?

6. Does your dog have any titles/awards?

7. Have you consulted any other behavior specialists prior to your appointment with us? ☐ Yes ☐ No  
If so, who?

8. What tasks will your dog reliably perform on verbal cue?

- ☐ Sit ☐ Lie down ☐ Come ☐ Wait ☐ Stay ☐ Heel (not pulling) ☐ Watch  
☐ Fetch ☐ Drop it ☐ Other:

9. How did you housetrain your dog?

10. Did you have any difficulties house-training your dog?  
If so, please describe:

11. Have you ever used a crate? ☐ Yes ☐ No  
If yes, do you continue to use it? ☐ Never ☐ Rarely ☐ Sometimes ☐ Frequently

## MISCELLANEOUS

1. Does your dog ever mount people, dogs or objects? ☐ Yes ☐ No  
If so, who/what and how often?
2. Does your dog ever lick people, himself, or inanimate objects excessively? ☐ Yes ☐ No  
If so, who/what and how often?
3. Is your dog sensitive about having certain body parts touched or handled (especially ears and feet)?  
If yes, which parts?
4. Why have you kept the dog despite its behavior problem?
5. Has the frequency or intensity of the behavior changed since the problem started? ☐ Yes ☐ No  
If so, how and when?
6. How do you react when your dog shows problem behaviors?
7. How does your pet respond to your reaction?

## BITE HISTORY

1. If your dog has ever bitten anyone, please list the total number of bites:
2. Please list the number of bites that broke skin:
3. Please list the number of bites reported to public health authorities, and to whom: (i.e. local authorities, hospital, humane society, etc.):
4. Was there legal action taken against you as a result of the bite(s)?  
☐ Yes ☐ No
5. Have you read any dog training books? ☐ Yes ☐ No  
If so, please list them:
6. Have you considered finding another home for this dog? ☐ Yes ☐ No
7. Have you considered euthanasia (putting your dog to sleep)? ☐ Yes ☐ No

## EXPECTATIONS

What are your expectations for your appointment?

Anything else you would like to add about your pet's behavior?

Where are you on a scale of 1 to 5 as follows? Please circle the answer that best describes your situation:

1. I am here only out of curiosity—the problem is not serious.
2. I would like to change the problem, but it is not serious.
3. The problem is serious and I would like to change it, but if it remains unchanged that's all right.
4. The problem is very serious and I would like to change it, but if it remains unchanged I will keep my dog.
5. The problem is very serious and I would like to change it; if it remains unchanged I will have my dog euthanized or give him/her up.