



# BEHAVIOR MINI-CONSULT REFERRAL FORM

California Veterinary Specialists 2310 Faraday Avenue Carlsbad, CA 92008

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**Dr. Stefanie Schwartz**  
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Dear Colleague,

Thank you for using the Behavior Mini-Consult service. This consult option is intended to facilitate attention to uncomplicated **problems of short duration in the nonaggressive pet**. Please be sure to complete your email and fax details; indicate if you have any preference (email or fax) for receiving your Mini-Consult response. With the exceptions of weekends and holidays, Dr. Schwartz will fax or email back a one page response within 48 hours (she is here Monday thru Thursday) with a tentative diagnosis and recommendations for basic treatment. Your account will be billed \$45 for each mini-consult, including follow-ups as needed. Full clinic consultations with Dr. Schwartz are always an option. Clients who choose to pursue a clinic consult within 30 days of the mini-consult response will be given a 10% discount on that appointment. We hope this will be a positive experience for you and your client!

**REFERRING VETERINARIAN:**

**DATE:** \_\_\_\_\_

Doctor: \_\_\_\_\_

Your Clinic/Hospital: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax: \_\_\_\_\_

**REFERRED PET:**

Patient Name: \_\_\_\_\_ Client Last Name: \_\_\_\_\_ Species: Cat  Dog  WEIGHT: \_\_\_ kg

**How long have you known this pet and owner?** \_\_\_ days/weeks/months/years

**How motivated is this client to adhere to a treatment plan which may include changes to the pet's daily routine and activities? Please rate on a scale of 1 = NOT to 5 = most motivated**

1     2     3     4     5

**What is this client's attitude toward the use of psychoactive medication?**

Very interested     Possibly interested     Not an option

**Summary of Medical History:**

MEDICAL HISTORY:	DETAILS	DATE
SURGERY		
MEDICAL DISORDERS		
CURRENT MEDICATIONS		
ALLERGIES		

**Previous behavior treatments tried? Please include drug name, dosages, duration of administration of any medications you Rx'd and, if/when medication was discontinued, why:**

**Kindly provide COPIES OF ALL LABORATORY TESTS done in the past year. Thank you for your cooperation and support of the faxback behavior service.**

*Please ask your client to complete pages 2-6 and return promptly to you. Next, fax or email to Dr. Schwartz at California Veterinary Specialists. Thank you!*



Date: / /

**MINI CONSULT BEHAVIOR HISTORY**

OWNER'S NAME: .....  
 OWNER'S ADDRESS: .....

Tel #: Home: .....  
 Work: .....

Pet's Name:	Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other: _____	Breed:
Date of Birth: / /	M <input type="checkbox"/> F <input type="checkbox"/> Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/>	Color:
Place Obtained:	Pet's Age at Adoption:	Age at Neuter:

**PROBLEM DEFINITION:**

- The main reason for this mini-consult is because your pet:
  - is AGGRESSIVE
  - is URINATING / DEFECATING IN THE HOUSE (dog)
  - is DESTRUCTIVE
  - OTHER:.....
  - has PROBLEMS with LITTER BOX USE (cats)
  - is FEARFUL or ANXIOUS
  - is TOO VOCAL
- Your pet's problem behavior is directed at:
  - OBJECTS/AREAS IN YOUR HOME, namely:.....
  - YOU
  - YOUR DOG(S)
  - FAMILY MEMBERS, namely:.....
  - OTHER DOG(S)
  - FRIENDS
  - YOUR CAT(S)
  - STRANGERS
  - OTHER CAT(S)
- Where does this problem occur most often?
  - In your home
  - In your car
  - In/around your neighborhood
  - Anywhere
  - In your yard
- When does this problem occur most often?
  - In the afternoon (noon – 6pm)
  - In the evening (6pm –midnight)
  - CONTINUOUSLY
  - When you are home
  - In the morning (6am – noon)
  - OFF & ON
  - When you are out
  - Overnight (midnight – 6am)
  - Other:.....
  - ABOUT....TIMES EACH DAY/WK/MO/YR

**HOME & FAMILY:**

5) Please complete if you have any other pets:

Cat	Dog	Other	Name	Breed	Age	Gender	Neutered ✓
<input type="checkbox"/>	<input type="checkbox"/>					M <input type="checkbox"/> F <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					M <input type="checkbox"/> F <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					M <input type="checkbox"/> F <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					M <input type="checkbox"/> F <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>					M <input type="checkbox"/> F <input type="checkbox"/>	

6) You live in a:  PRIVATE HOME  APARTMENT  CONDO Since when?.....days/wks/mos/yrs

7) For each person living with you, please complete the following:

First Name	Age	Relationship to You (child, roommate...)

8) You work as a .....and your work days are:  Sun  M  T  W  Th  F  Sat

9) ON A TYPICAL WORK DAY, your pet is ALONE between \_\_\_\_\_AM/PM and \_\_\_\_\_AM/PM.

10) WHEN YOU GO **OUT**, where does your pet stay? .....

11) WHEN YOU ARE **HOME**, where is your pet? .....

**FEEDING:** 

12) Your pet usually eats in the .....room, and is fed ..... times a day at ..... AM/PM, ..... AM/PM

13) Check all those that apply:  FOOD DISH IS ALWAYS KEPT FULL  Nibbles a bit, comes back later  
 Fed separately from other pet(s) in the .....  Seems anxious/excited/aggressive at mealtime  
 Gets aggressive if approached while s/he eats or food/treat is removed  
 Dry Food (kibble)  Canned Food  Semi-moist Brand: .....



14) What does your pet do to earn food? ..... or treats? .....

15) What is your pet's favorite treat(s)? .....

16) Is WATER always available?  Yes  No, because: .....

**HOUSE TRAINING:** 

17)  HOUSE TRAINING IS **NOT A PROBLEM** (your pet *always* urinates/defecates in an appropriate location)!

*If your pet is a  please go to question #21; if your pet is a , continue with #24)*


18)  Your pet **URINATES** in an undesirable place. This happens about \_\_\_\_\_times a day/week/month and began about \_\_\_\_\_days/week(s)/month(s)/year(s) ago.

Your pet **DEFECATES** in an undesirable place. This happens about \_\_\_\_\_ times a day/week/month and began about \_\_\_\_\_days/week(s)/month(s)/year(s) ago.

19) Where do your pet's 'ACCIDENTS' occur most frequently (indicate U or S for urine/stool):

•	•
•	•
•	•

20) What do you do if you: • Catch your pet IN THE ACT of voiding indoors? .....  
• Find the 'accident' AFTERWARDS? .....

21) Please check or complete all that applies to your PROBLEM CAT'S **LITTER BOX:** 

Feces removed ..... times a day/wk/mo  Litter filler is completely changed ..... times a day/wk/mo  
 Your cat only uses the litter box in bad weather  Your cat eliminates outside only

22) What product(s) do you use to clean or disinfect the empty box? .....  
How often do you do this? ..... wk/mo/yr

23) **LITTER BOX DETAILS** (mark the most popular with a \*):

#	OPEN/COVERED	TYPE OF LITTER FILLER	LOCATION	LEVEL

**GROOMING** (brush/comb): 

24) Your CAT/DOG is groomed by you/groomer/who? ..... usually about ..... times a day/wk/mo/yr.


25) Your CAT/DOG is BATHED ..... times a day/wk/mo/yr by .....

26) When it comes to *GROOMING* (comb/brush) your pet:

- LOVES IT, can't get enough
- LIKES IT but gets impatient after about ..... seconds/minutes
- DISLIKES IT but will tolerate it for about ..... seconds/minutes
- HATES IT, won't tolerate it at all

27) Regarding *NAIL TRIMS*, your pet:

- LOVES THEM
- LIKES THEM but gets impatient
- DISLIKES THEM but will tolerate them
- HATES THEM, won't tolerate them at all

28) Please check or complete all that apply to your CAT'S CLAWS and SCRATCHING POST HABITS: 

- My cat was DECLAWED (front/back) at the age of \_\_\_\_ wks/mos/yrs
- Refuses to use a scratching post
- Uses a scratching post; Scratching posts are located in the .....room (indicate which floor).
  - Prefers scratching posts made of:  cardboard  sisal  carpet  other: .....
  - Prefers scratching posts placed  vertically  at an angle  flat on the floor
- Destructively scratches these surfaces/locations: .....

**ACTIVITY & PLAY:**  

29) WHEN YOU GO TO **BED**, your pet:

- Sleeps in bed with you
- Sleeps near you (not on the bed): .....
- Sleeps in a crate/cage located in the .....
- Growls at you
- Other: .....
- Stays up late watching TV ☺

30) Your pet is LEAST ACTIVE (drowsy, sleeping):

- MORNING (6am-noon)
- AFTERNOON (noon-6pm)
- EVENING (6pm-midnight)
- OVERNIGHT (midnight – 6am)

31) Your pet is MOST ACTIVE (playful, alert):

- MORNING (6am-noon)
- AFTERNOON (noon-6pm)
- EVENING (6pm-midnight)
- OVERNIGHT (midnight – 6am)

32) You **PLAY** with your pet ....times a day/wk/mo. Each play time usually lasts.....minutes and usually ENDS

- because:  YOU lose interest/get tired  YOUR PET loses interest/gets tired  Other:.....

33) Check all that apply to your pet's playfulness:

- NOT PLAYFUL
- PLAYS OCCASIONALLY
- PLAYFUL (average)
- UNUSUALLY PLAYFUL
- PLAYS ALONE
- PLAYS IF YOU START FIRST
- INVITES YOU TO PLAY

34) Which of the following games does your pet play (*mark the favorites with a \**):

- TUG OF WAR with .....
- FETCH(retrieves objects)
- HIDE & SEEK
- WRESTLES with .....
- BALLS (what type?.....)
- RACES AROUND as if crazy
- STEALS OBJECTS SO YOU WILL CHASE HIM/HER
- OTHER: .....



35) How do you know when your pet:

- WANTS TO PLAY? .....
- WANTS TO GO OUTSIDE/COME BACK INSIDE? .....
- IS HUNGRY/WANTS A TREAT? .....

36) Your pet RUNS AWAY FROM HOME ..... times a day/wk/mo/yr when .....

37) When you RETURN HOME, your pet:

- DOES NOT GREET YOU
- HIDES
- ACTS GUILTY
- ROLLS OVER
- URINATES
- IS VERY EXCITED
- JUMPS
- BARKS/MEOWS
- OTHER .....

If your pet is a , please go to question #53 ; if your pet is a  please answer the next question #40.

38) Please complete all information that applies to your dog's **WALKS OFF OF YOUR PROPERTY** and **YARD OUTINGS:** 

- DOG NEVER WALKED
- DOG ROAMS FREE
- IN/OUT VIA DOG DOOR
- LEASH IS: ON  OFF
- WALKS OCCUR:  BEFORE MEALS  AFTER MEALS  IN GOOD WEATHER ONLY  WEEKENDS ONLY

TIME OF WALK	DURATION	WHERE TO?	WITH WHOM?

39) Please tell me about your yard:  WE HAVE NO YARD (skip to #44) YARD IS IN: FRONT  BACK  SIDE   
 YARD IS FENCED:  NO  COMPLETELY  PARTIALLY TYPE OF FENCE:.....

TIME OF YARD OUTING	DURATION (MINUTES)	SUPERVISED BY?

40) Your dog's **LEASH** is .....ft. long and is:  Leather  Metal  Nylon  Canvas  Rope  Retractable

41) What kind of **DOG COLLAR** does your dog wear a) for walks:..... b) around the house .....

**DOG TRAINING:** 

42) How old was your current dog when you began OBEDIENCE TRAINING? .....wks/mos/yrs

43) Have you done formal obedience training with previous dogs?  NO  YES How long ago? .....mos/yrs

44) Did you go to **OBEDIENCE SCHOOL** (group classes)?  NO  YES, for ....wks/mos

45) Did you have PRIVATE CLASSES?  NO  YES, for ....wks/mos  
 Did you do any special kind of training? .....  NO  YES, for ....wks/mos  
 Have you ever sent your dog away from home for training?  NO  YES, for ....wks/mos

46) What are the **5 BASIC COMMANDS** of dog obedience: 1) .....  
 2) .....  
 3) .....  
 4) .....  
 5) .....  
 Don't know

47) What OTHER commands do you regularly use? .....

**SHYNESS, ANXIETY & FEARS:** 

48) List the things, individuals or situations in which your pet is ANXIOUS or AFRAID (please show most important with a \*):  
 .....  
 .....

49) Describe your pet's reaction to the MOST FRIGHTENING thing on the list: .....

50) Describe your pet's reaction to the LEAST FRIGHTENING thing on the list: .....

**AGGRESSION:** 

51) Your pet growls/snarls/hisses/bites/barks/scratches when (mark the most serious with a \*):  
*Your response to this is usually to:*

- In the car .....
- People/dogs/cars pass your home .....
- The mailman comes .....
- Friends visit your home .....
- You pet/brush/touch your pet's.....
- A stranger comes to your door .....
- You remove a favorite toy or other object, namely.....
- You surprise/disturb your pet .....
- At the veterinary clinic .....
- You pick up or hold him/her .....
- During walks toward .....
- Other: .....

Toward what person(s) or in which situation does your dog react most aggressively? .....

