## **Behavior Consult Questionnaire**

Welcome to Suffield Veterinary Hospital! It is our goal to provide a supportive collaboration with you, your pet(s), and your behaviorist/trainer in order to help you improve the bond between you and your pet(s). Behavior issues can be multifactorial and difficult to manage, so any information that you can provide is helpful! Some questions may not seem necessary if you are already a current client at Suffield Veterinary Hospital, but any additional information is very helpful for us, so please answer as many as you can. We look forward to working with you.

Owner's Name:	Pet's Name:
Client Type: ☐ New Client ☐ Existing Client	
Phone:	Email:
★ What are your main behavior concerns at this	time?
★ What are the symptoms of these behavior issu	es?
★ How long have the behavior concerns been pr	esent?
★ What have you tried so far to treat or manage	

★ Does your pet have any significant health issues that we should be aware of?	
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★ Please list all of your pet's medications.	
★ Have you started working with a behaviorist/trainer yet?	
★ Has the behaviorist /trainer made any specific recommendations yet?	
★ What are your goals for your pet?	