



Veterinary Behavior Medicine

**Stefanie Schwartz, DVM, MSc, DACVB**  
*Diplomate, American College of Veterinary Behaviorists*  
[www.petbehavior.org](http://www.petbehavior.org)

Dear Client,

Thank you for bringing your pet to me today. I know how frustrating a pet's misbehavior can be and sincerely believe that your visit will be the first step toward resolving the problem.

Before your appointment with me, please take the time to complete this questionnaire. This will help me to define your pet's problem and clarify the treatment necessary to help you and your pet.

Please consider the questions carefully. The questions are 'fill in the blank', 'short answer' or 'multiple choice' style. EASY! When you are asked to choose from a list of answers, feel free to *select as many in the list as apply to you*. You are also encouraged to add additional notes or comments. If you have kept a log or diary of your pet's behavior problem, please bring that with you to the appointment.

I will review the completed questionnaire with you at the time of your appointment and will ask additional questions in order to diagnose your pet's current problem. The diagnosis and treatment will be explained in detail and summarized in writing for you. In some cases, a recheck appointment may be necessary to re-evaluate your pet's progress and to better monitor your pet's care. Your referring veterinarian will receive copies of the treatment plan and any laboratory test results that are required. *Thanks again for your cooperation in our team effort to improve your pet's well-being.*

**Dr. Stefanie Schwartz, DVM, MSc, DACVB**  
Specialist, Veterinary Behavior Medicine  
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### Behavior Consult Consent Form

I acknowledge responsibility for the animal described below and give my consent to Dr. Stefanie Schwartz for its treatment, which may include the prescription of medication. I assume all risks and absolve Dr. Schwartz of all liability and responsibility in connection with the treatment of my animal. I understand that there is no guaranty of treatment results and the fee for professional services is due in full at the end of the consultation.

Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

Tel: (H) \_\_\_\_\_  
(W) \_\_\_\_\_

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

Referred by: \_\_\_\_\_

Pet's Name:	Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other:	Breed:
Date of Birth: /	Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/>	Color: