Welcome to Dr. Melese’s Clinical Behavior Service. The following list details some of our office financial and medical polices. Please take a moment to familiarize yourself with them so that we can serve you better. If you have any questions or concerns regarding these or any of our policies or practices, please feel free to discuss them with us PRIOR TO YOUR APPOINTMENT!

- Fees have been explained to me clearly and I realize that no exact representations are made or implied as to an exact fee total since hourly charges apply, each case is different and behavior products or training aids may be recommended. To reiterate: Office call fees are currently $178 per hour (1.5 hr minimum but 1st hr is charged more for these $305 “minimum” appointments-ask for details); House call fees currently $210 per hour ($500 consult minimum) plus $4.5 per minute one-way travel time. Consultations that must be scheduled after regular clinic office hours with Dr. Melese (M-Th 9:30-5:00) if available are charged an additional hourly rates. For Guidelines only-not a quote: Initial Office calls usually range between 2.5-3.5 hours and initial House calls 3-3.5 hours. An in-office routine recheck appointment is currently $180 (typically 45-50 minutes and usually appropriate for 1-2 months after initial visit). A routine telephone recheck is currently $148(<30min) - $180 (30-60 min.). Recheck appointments are typically critical to the successful resolution of most cases, but how many and how often is very dependent on the problem, the patient(s), and the individual clients. As of 2010 ALL FEES ARE BASED ON E-MAIL CORRESPONDENCE AS WE NO LONGER PRINT & MAIL OUT MATERIAL VIA USPS WITHOUT ADDITIONAL FEES FOR THE SPECIAL MATERIAL AND HANDLING FEES (CURRENTLY $20 PER VISIT).
- Fees may be adjusted without notice but are usually re-evaluated each year so the recheck fees may be somewhat different than listed above.

Notes:
- Appropriate family members (especially spouses) and pets should be present if possible/practical for room size.
- Fast dogs for at least 12 hrs (24+ hrs. if not very food responsive) unless otherwise advised. Cats only 12 hrs!
- Bring BEST possible tidbits to try (human food ok); especially important if pet on special diet & to quickly tell doctor!
- If pet has relevant important medical history, labwork done within the past 6 months, or is on medications, have family vet FAX or mail appropriate medical records to us at least 24 hrs prior to appointment or bring them with you.
- You MUST send us at least the 1st two (signature) pages of the intake forms within 48 hours of making your appointment for us to assure keeping your spot since we often have more demand for new slots then we have availability. Please return the rest of the forms so they arrive at our office at least 24-48 hrs prior to your appointment. Plan to arrive 15 minutes early if at all possible. Please FAX, scan/e-mail or postal mail to Dr. Patrick Melese DVM, DACVB Veterinary Behavior Consultants at address below forms requiring signatures. The history forms that do not require signatures may be e-mailed, faxed or sent by postal. Please bring original signed copy of forms to the consult.
- In most cases, you may lose some of your valuable appointment time if you arrive late - plan for traffic, etc.
- Please bring all halters, collars (including electronic training collars) and other training aids you have (especially head halters e.g. Gentle Leader) for the pet. Bring any medication the pet is on or has been on recently.

If you have any questions about fees, please inquire prior to the consultation. Exceptions to fees above MUST BE IN WRITING!

- Payment is due at time of appointment; no billing. You may pay with cash or check but if you choose to pay by credit or debit card (Visa, M/C or Discover) there will be an additional 4% convenience charge on amount charged to your card. Checks not honored by bank will also incur an additional $25 fee and you also agree to pay for any costs associated with collecting the funds to pay for the services and products you have received including an additional $20 billing fee if your account is not paid at the appointment and must be billed.
- Since we schedule out a large portion of the doctor’s schedule for your behavior appointment, we request immediate notification of any desire to reschedule or cancel a behavior consultation so that another client can make arrangements to have the appointment time. Please give us AT LEAST 2-3 business days advanced notice of cancellation. If you do not show up for your appointment or cancel with less than 2 business days (M-F) notice, you may be charged up to the full consult fee.
- For their safety and that of others, we REQUIRE that all pets be on leashes or in pet carriers & properly restrained, especially if aggressive (basket muzzled or nylon muzzle and closely controlled on leash).

I, ______________________, have read the policies put forth above and understand them fully. I agree to adhere to these policies as a client of Dr. Melese’s practice and my signature below authorizes any credit card charges I incur with VBC (e.g. phone appointments) or as per policy above (e.g. missed appointments).

Signed: ______________________ Date: ______________

Patrick Melese DVM, DACVB
Behavior Service Policies/Fee Schedule:

Veterinary Behavior Consultants/Consult form page: 1

5040 Convoy St. Ste. B; San Diego, CA 92111
T: 858-259-6115  F: 858-259-0013  E-mail: info@sdvetbehavior.com  Web: sdvetbehavior.com  12/17/2016 p.1/7
Dr. Patrick Melese DVM, DACVB

LIABILITY WAIVER

Thank you for caring enough to obtain help with your pet’s behavior!

As the representing owner, agent or handler for the individuals who will be working with the pet(s) indicated below, I understand that many behavior therapies recommended by the doctor may involve some level of risk to the pet(s) and/or the handlers, or other people or property in spite of our best efforts to minimize them. In some cases medications may be recommended as part of the treatment; most are human medications being used “off-label” for pets (i.e. not FDA approved for that use in that species) and it is rare for a medication alone to solve most pet behavior problems. I understand these issues and assume these risks freely and do not hold Dr. Patrick Melese DVM, DACVB, Veterinary Behavior Consultants, Convoy Eye Care for Animals or associated clinicians, agents, employees, or owners/agents for facility used to see cases liable for any injury which may occur to handlers, pet, other people, other animals or property while using their training and medication treatment recommendations. I will use my own judgment and common sense when following the recommendations to not place people, pets and property at undue risk and understand that, ultimately like any pet owner, I am exclusively responsible for my pet’s actions.

FURTHERMORE, I REALIZE THAT DR. MELESE, VETERINARY BEHAVIOR CONSULTANTS AND IT’S AGENTS CANNOT GUARANTEE THAT A PET WILL NOT BE AGGRESSIVE OR CAUSE INJURY TO PEOPLE OR PROPERTY IN THE FUTURE AND THAT THE PET’S OWNER(S) AND HANDLER(S) CONTINUE TO ASSUME ALL LIABILITY FOR ANY FUTURE AGGRESSION.

Owner’s Name(s): _____________________________
Address: _____________________________ City: _____________________________
State: _______ Zip: _______ Telephone: (H) _____________ (W) _____________

1st Pet’s Name: _____________________________ Species (dog/cat): ___________ Breed: ___________
Pet’s Birth Date: _______ Age: ___ Sex: _______ Pet’s color/description: _____________________________
Comments: _____________________________

2nd Pet’s Name: _____________________________ Species (dog/cat): ___________ Breed: ___________
Pet’s Birth Date: _______ Age: ___ Sex: _______ Pet’s color/description: _____________________________
Comments: _____________________________

I certify that I have read and agree with above statements:

Owner of Pet(s): _____________________________ DATE: _____________

Spouse, Other pet owner/handler(s): _____________________________ DATE: _____________

RECHECK APPOINTMENTS ARE STRONGLY RECOMMENDED AND USUALLY CRITICAL TO LONG TERM SUCCESS!

Please e-mail (info@sdvetbehavior.com), Fax or call office with a progress report 2-3 weeks after your appointment.
BEHAVIOR HISTORY
(Note: This information is for practice use only and your private information will not be given out without your permission except as required to communicate with parties such as your referring doctor after the appointments)

Date: ___________________ Owner: _____________________
Address (include zip): ________________________________

Type & size of residence (e.g. 2 story 1800 sq ft house) ______________________________

Yard size & fencing (e.g. medium yard - 6 ft solid wood fence) ________________________

Home **Phone: ______________ Business Phone: __________ **Cell Phone: ________________
Fax: __________________** e-mail (important): ________________________________

Family veterinarian: ______________________ Referred by: ____________________________

Behavior problems can sometime be difficult, frustrating problems to correct. The information you provide is very important for diagnosing and treating your pet's behavior problems. Please fill out this form as completely and accurately as possible ("help us help you"). If questions clearly do not apply (e.g. obedience training for cats) you are welcome to skip the question, but please answer all those possible, even if you feel it may not be relevant! Compose answers to assist the doctor in picturing what is happening (descriptive details). Please be sure to get this and other paperwork (fax or e-mail to info@sdvetbehavior.com) to Dr. Melese ASAP (at least 24 hrs prior to appointment) and bring the originals with you to consultation. Videotape problem behaviors if possible if you feel they are important for doctor to see and they are likely not to be seen during the appointment. Bring tape/DVD/video file and a way to play it if not a standard DVD format! Thank you.

GENERAL INFORMATION

Pet's name: __________________________ Dog: ________ Cat: ________ Other: ________
Age: _______ years Sex: M F Breed: ______________ Color: ______________ Weight: ______

Neutered / Spayed: [ ] yes [ ] no. At what age? ________________________________

Where did you obtain this pet? friend, breeder, pet shop, humane society, other: ____________
At what age: ______________

For what purpose was this pet obtained? Companionship, protection, breeding, show, other: ______

Time spent indoors: ______________% outdoors: ______________% How long? ______________

Is this pet left alone during the day? ______________ How long? ______________

In precisely what area of the house or yard is the pet kept:

a. during the day: ______________________________
b. during the night (describe exactly where pet sleeps): ______________________________
c. when pet is left alone (where is pet?): __________________________________________
d. when guests visit: _____________________________________________________________

Describe the pet's personality: ____________________________________________________

Diet: ____ % dry Brand: ___________________
____ % canned Brand: ___________________
____ % table scraps Supplements: ___________________

When is the pet fed? morning noon night other __________ By whom? ______________

How long is food left down for pet? ______________ N/A: pet gulps down immediately: __________
Veterinary Behavior Consultants/Consult form page: 4

Describes the pet's behavior:
   a. just prior to your departure: ________________________________
   b. just after your return: ________________________________

List all major surgical or medical problems and approximate dates: ________________________________

List all medication currently being taken by this pet: ________________________________

List the Names, Ages and Gender (and whether neutered/spayed) of the other pets in the household:

<table>
<thead>
<tr>
<th>Name</th>
<th>Breed</th>
<th>Age Adopted</th>
<th>Age</th>
<th>Gender (and at what age)</th>
<th>Spayed/ Neutered?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What toys does your pet like to play with? ________________________________

What amount of exercise or opportunity to exercise is given to your pet? ________________________________

Does he or she run free in the neighborhood? ___________ How often? ________________________________

Has this pet had any obedience training? Yes. Please describe the type of training and the outcome including age when started and with whom: ________________________________

What will the pet do on command? ________________________________

What will the pet do on command when distractions present? ________________________________

Does this pet get along with other animals? ________ If not, please explain: ________________________________

What are the names, ages and relationship to owner (e.g. spouse, son, roommate, etc.) of the people that are in the pet's environment ("family members")? What are their daily schedules? ________________________________

How does this pet react to strangers? ________________________________
**BEHAVIOR PROBLEM INFORMATION**

Please describe your pet's behavior problem(s) (prioritize if multiple): ________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

What month/year was the main problem first noted? ________________________________

Where and under what circumstances was each problem first noted? ________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Describe the situation(s) in which the main problem is most likely to occur? ________________________________

______________________________________________________________________________________

______________________________________________________________________________________

The main problem occurs(check off answer): always  usually  rarely  never  (check below or %)

1. When the pet is left alone at home:

2. In the presence of the family members:

3. During the night when the family sleeps:

4. Family home but not watching pet:

**Frequency** of occurrence: ___times per day, ___times per week, ___times per month, ___times per year.

Has there been a change in the frequency or appearance of the problem? ______________ Please describe:

______________________________________________________________________________________

______________________________________________________________________________________

What has been done so far to correct this problem?(e.g.: discipline, confine, obedience training, avoid, etc.)

______________________________________________________________________________________

______________________________________________________________________________________

What was the pet's response to the specific intervention(s) above? ________________________________

______________________________________________________________________________________

Were there any significant changes in this pet's environment prior to the appearance of this problem (circle if seen and comment as needed)?

a. moved or redecorated  e. change in family schedule

b. boarded  f. new family member/roommate

c. visitors (human or pet)  g. diet change

d. type of litter changed  h. other (new pet introduced, etc.)

How did these changes affect your pet? ________________________________

______________________________________________________________________________________
Please indicate any other behavior problems (circle and comment as needed):

<table>
<thead>
<tr>
<th>a. house soils</th>
<th>h. shy</th>
<th>o. play</th>
<th>v. fear of noises</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. chewing</td>
<td>i. eats stool</td>
<td>p. jumps up</td>
<td>w. growls at people</td>
</tr>
<tr>
<td>c. feeding</td>
<td>j. pacing</td>
<td>q. unruly</td>
<td>x. other</td>
</tr>
<tr>
<td>d. sexual</td>
<td>k. aggressive</td>
<td>r. bites</td>
<td></td>
</tr>
<tr>
<td>e. grooming</td>
<td>l. barking</td>
<td>s. fights</td>
<td></td>
</tr>
<tr>
<td>f. digging</td>
<td>m. very slow learner</td>
<td>t. runs away</td>
<td></td>
</tr>
<tr>
<td>g. eats nonfood items</td>
<td>n. sleep problems</td>
<td>u. ignores commands</td>
<td></td>
</tr>
</tbody>
</table>

Comments?: ____________________________

If pet is aggressive please describe all situations which are likely to elicit aggressive behavior such as growling, nipping, biting, attacking, etc. (e.g. at veterinary clinic or groomer, petting, approached by anyone, approached by children, only when in the car, reaching for, punishing, pushing, taking food or toys away, grooming, handling feet/ears, disturbed while sleeping, at veterinary clinic, etc.): ____________________________

____________________________________________________________________________________

Also: Please discuss in detail any other information which you feel is relevant to your pet's problem:

____________________________________________________________________________________

Has your pet bitten a person or other animal?: ____________ If so how many times? ____________
How many of the bites have resulted in need for medical attention (how severe?) ________________________________

If your pet has an aggression problem, describe the last two or three aggressive incidents (and/or most significant incidents) in detail (and indicate approximate dates) below and on the back of this page. If your pet is not aggressive you can describe incidents you feel are important for the doctor to be aware of. (If you write on the back remember to send the back also if you have written on it and you FAX paperwork to us!): ________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Directions to Veterinary Behavior Consultants office at the 
Eye Care for Animals facility in Kearny Mesa

5040 Convoy St. Ste. B
San Diego, CA 92111

(You can get access to Convoy St. from I-52)

From Hwy 52:

Click here for: Google map and directions

The new clinic is inside the Eye Care for Animals specialty facility on Convoy Street (Do NOT confuse this with my old clinic that was in the Eye Clinic for Animals on Kearny Mesa Road). Note that since there is no way to safely get to parking lot traveling North on Convoy we suggest all clients approach from I-52 (can reach I-52 from main freeways of San Diego including I-5 and I-15) and take Convoy exit going South on Convoy then, just before the Clairemont Mesa Blvd. stop light turn Right (West) into parking lot that includes the Eye Care for Animals as well as an attached Golf Shop.

You can reach the behavior office routinely at 858-259-6115 but if you urgently need to reach Dr. Melese on day of your appointment once he has left his home office in the morning (for example if you are lost or unavoidably delayed, etc.) you can use his emergency cell phone at 858-692-8338 to reach him at the Kearny Mesa facility. Please reserve the use of this cell phone number only for urgent contact on the day of your appointment after the doctor has left his home office or for true behavioral emergencies for Dr. Melese's patients of record as he cannot give behavioral advice until after he has seen your pet.

Obviously you do not need to return a copy of these directions to our office with your other completed forms.