

**Behavior Service Policies/Fee Schedule:**

Welcome to Dr. Melese's Clinical Behavior Service. The following list details some of our office financial and medical policies. Please take a moment to familiarize yourself with them so that we can serve you better. If you have any questions or constraints 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. Due to Covid 19 pandemic conditions, appointments are being offered exclusively by telemedicine with socially distanced brief "curbside exam" component as required by law (i.e., initial appointment and every 12 months). New patient appointment fees starting July 2022 are **\$725 for up to a 3-hr. session** but since a number of complicated cases need a bit more time, especially with separate "curbside exam," **additional time over 3 hrs will be prorated at \$240/hr rate**. Consultations that must be scheduled outside regular clinic hours with Dr. Melese (M-Wed 9:30-5:00), **when available**, are charged **additional hourly rates**. For **Guidelines only-not a quote: Initial patient appointments usually range between 2.5-3.5 hours**. A routine telemedicine phone **recheck** appointment is currently \$230 (30-50 min.) but, for stabilized cases, can sometimes be shorter (e.g., \$199 if <30min) and 1<sup>st</sup> rechecks are usually booked 1-2 months after initial appointment. **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 (CURRENTLY \$25+ PER VISIT). Please see website for details but we are also requiring a non-refundable \$300 scheduling fee to reserve the specialist's time for a new-patient spot for you**, which will be credited towards your total/final appointment fee.
- Fees may be adjusted without notice based on practice costs and inflation but are usually re-evaluated every 6-12 months so the recheck fees may be modestly different than listed above for the following year.

**Notes:**

- Appropriate family members (especially spouses) and pets should be present as possible/ practical for 1<sup>st</sup> appointment.
- If pet has ANY relevant medical history &/or labwork done within past 6-12 mo. or is on medications (have meds with you), have family vet e-mail or FAX appropriate medical records at least 24 hrs. prior to appointment so we have them @ appt.
- You **MUST send us at least the 1<sup>st</sup> two (signature) pages of the intake forms & pay scheduling fee prior to making your appointment for us to offer you a spot** since we have had more demand for new slots than we have availability. Please **return the rest of the forms** so they **arrive** at our office ASAP and no later than 24-48 hrs. prior to your appointment. Please scan/e-mail or fax to Veterinary Behavior Consultants at contact info below\*. The history form pages not requiring signatures may be e-mailed or faxed but it's helpful to receive word-processor file if you complete it that way.
- We usually use **Zoom** for the telemedicine appointment unless otherwise requested. Plan to be ready at least 5 minutes early to account for any technical issues. In most cases, you may lose some of your valuable appointment time if you are not ready on time so test/plan ahead to be "ready to roll" at appointment time 😊
- Please have all halters, collars (including any electronic training collars) and other training aids you have (especially head halters e.g., Gentle Leader®) & medication your pet is on or has been on recently **nearby** even if you are not now using it.
- We **HIGHLY recommend that you AUDIORECORD** (e.g., smartphone app, Zoom, other) the session so prepare for this!

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

- **Payment is due at time of appointment**; no billing. You may pay with **Google Pay, Venmo or Zelle 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**. Payments not honored by bank will also incur an additional \$35 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 \$25 billing fee if your account is not paid in full at appointment & must be invoiced.
- **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 use 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. Scheduling deposits are non-refundable.**

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 VBC 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: \_\_\_\_\_

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, Pathway Vet Alliance, 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 Its 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) \_\_\_\_\_ E-mails: \_\_\_\_\_

1<sup>st</sup> Pet's Name: \_\_\_\_\_ Species (dog/cat): \_\_\_\_\_ Breed: \_\_\_\_\_  
Pet's Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Pet's color/description: \_\_\_\_\_  
Comments: \_\_\_\_\_

2<sup>nd</sup> Pet's Name: \_\_\_\_\_ Species (dog/cat): \_\_\_\_\_ Breed: \_\_\_\_\_  
Pet's Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Pet's color/description: \_\_\_\_\_  
Comments: \_\_\_\_\_

***I certify (sign please) 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](mailto:info@sdvetbehavior.com)) with a progress report 2-3 weeks after your initial appointment*

**Dr. Patrick Melese DVM, DACVB**

**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) or as required by law.*

Date: \_\_\_\_\_ Owner(s): \_\_\_\_\_

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) \_\_\_\_\_

Phone: \*\*H: \_\_\_\_\_ \*\*Cell: \_\_\_\_\_ other: \_\_\_\_\_ \*\*e-mails: \_\_\_\_\_

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 & 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 (e-mail to [info@sdivetbehavior.com](mailto:info@sdivetbehavior.com) or FAX) to Dr. Melese ASAP since they are required to offer you a new-patient appointment along with your scheduling fee. *Take videos (upload to "cloud" and send us a link) of problem behaviors if safe & possible and you feel they are important for doctor to see and they are likely not to be seen during the appointment. Have/send video file, or, better yet, link to video or test out "screen share" to review with doctor. We strongly advise you **have a way to audio-record the appointment (most "smart" phones have this function e.g., "Voice Memo/Voice recorder" app) and be sure you know how to use it!** If you wish to send additional info in narrative form, please do so BUT that does NOT substitute for filling out the form completely (i.e., "see narrative" vs. concisely entering in our form does **NOT** work well).* Thank you.

**GENERAL INFORMATION**

Pet's name: \_\_\_\_\_ Dog: \_\_\_ Cat: \_\_\_ Other: \_\_\_ Age: \_\_\_ years Sex: M F

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Neutered / Spayed: [ ] yes [ ] no. At what age?** \_\_\_\_\_

Where did you obtain this pet? friend, breeder, private ad, pet shop, shelter, rescue, other: \_\_\_\_\_

At what age: \_\_\_\_\_

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

Time spent indoors: \_\_\_\_\_ % outdoors: \_\_\_\_\_ %

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: \_\_\_\_\_

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:

Name	Breed	Age	Age Adopted	Gender	Spayed/ Neutered? (and at what age)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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**? \_ Please describe the **type of training** and the outcome including **age** when started and which **trainer**: \_\_\_\_\_

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? \_\_\_\_\_

How does this pet likely to **behave at the Veterinary Hospital**? \_\_\_\_\_

**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

b. boarded

c. visitors (human or pet)

d. type of litter changed

e. change in family schedule

f. new family member/roommate

g. diet change

h. other (new pet introduced, etc.)

How did these changes affect your pet? \_\_\_\_\_

