

LET'S START A HEALTHY DIALOGUE ABOUT BEHAVIOR:

Because behavioral health is essential to overall health.



Owner name: _____ Pet Name: _____

Date of Visit: _____ Dr. Name: _____

Some pets have a difficult time coping with certain situations. Some may even live in a constant state of uneasiness. Dogs and cats communicate their unease through external changes in behavior that can harm your relationship and their health. As the person closest to your pet, your observations are essential to diagnosing a potential problem. Answering a few questions can help guide our conversation and recommendations.

1 Have you noticed any changes in your pet's personality since his or her last visit?

YES NO

- Hiding or cowering Clinging to family members Reduced activity level
 Refusal to eat Sleeping more during the day Appears withdrawn
 Other, please specify _____

2 Has your pet's elimination habits changed (urination, defecation) since his or her last visit?

YES NO

- Frequency House soiling Urine marking Eliminating outside the litter box Diarrhea

3 Does your pet show signs of nervousness or uneasiness during certain situations?

YES NO

- Pacing Drooling Panting Trembling/Shaking/Shivering Yawning Vomiting

If yes, what situations trigger the behavior?

- Storms Fireworks Loud noises Spending more time alone Riding in the car
 Kenneling New people Parties/Holidays Other, please specify _____

4 Has your pet shown signs of aggression (growling, snapping, biting) since his or her last visit?

YES NO

- Other pets Children Family members Friends New people

5 Does your pet have any behavior problems that you are concerned about?

YES NO

- Excessive licking or grooming Attempting to escape Potentially harmful motor activity
 Vertical scratching (cat) Excessive scratching Vocalization (barking, meowing)
 Other, please specify _____

6 Is your pet coping with any lifestyle changes since our last visit?

YES NO

- Move New pet in household Death in the family New baby or people in the home
 Relationship changes Change in family routine (pet spends more time alone) New to our home
 Other, please specify: _____

7 How long has your pet been exhibiting the behaviors you've described? _____

8 How often does the behavior occur?

- Daily Weekly Monthly Yearly Only During Certain Situations

This Behavior Assessment is brought to you by Zylkene, a natural behavior solution that helps your pet stay calm in challenging situations so you can both relax and enjoy a healthy relationship.

Relax, you've got **Zylkene**[®]



BEHAVIORAL HEALTH RECOMMENDATIONS



Based on this assessment and examination, I am recommending the following:

Medication: _____

Behavior Modification Program: _____

Suggested Environmental Changes: _____

Re-check Appointment within ____ days. Date: _____ Time: _____

Referral: _____

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