

BEHAVIORAL HEALTH RECHECK

HOW IS YOUR PET PROGRESSING? LET'S HAVE A HEALTHY DIALOGUE.

Vétoquinol
a Sign of Passion

Owner name: _____ Pet Name: _____

Date of Visit: _____ Dr. Name: _____

How is your pet doing? Please fill out the information below to help us evaluate your pet's progress to guide our conversation and behavioral management recommendations.

Please fill out the table below regarding your pet's current problems.

Behavior Problem	Changes in behavior since first appointment
	<input type="checkbox"/> Unchanged <input type="checkbox"/> Better <input type="checkbox"/> Worse Describe: _____
	<input type="checkbox"/> Unchanged <input type="checkbox"/> Better <input type="checkbox"/> Worse Describe: _____
	<input type="checkbox"/> Unchanged <input type="checkbox"/> Better <input type="checkbox"/> Worse Describe: _____
	<input type="checkbox"/> Unchanged <input type="checkbox"/> Better <input type="checkbox"/> Worse Describe: _____

How do you feel that your pet is progressing? _____

Have any new behaviors started? _____

Have any significant incidents occurred since your pet's initial visit? How did you handle it? _____

What would you specifically like to discuss during this visit? _____

Relax, you've got **Zylkene**[®]



Medication Evaluation:

Please fill out the chart below to help guide our recommendations going forward.

Medication and Dosage	Your Pet's Response
	<input type="checkbox"/> Unchanged <input type="checkbox"/> Better <input type="checkbox"/> Worse Describe:
	<input type="checkbox"/> Unchanged <input type="checkbox"/> Better <input type="checkbox"/> Worse Describe:

Please fill out the following table regarding the behavior management program recommended. For example, if you were told to put your pet in a kennel during thunderstorms, please list that and whether or not it was helpful to your pet.

Recommendation Attempted	Outcome

Your observations are essential to helping your pet cope with challenging situations, so you can both relax and enjoy a healthy relationship.

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

Medication: _____

Behavior Modification Program: _____

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

Referral: _____

