**Recheck Behavior History Form**

* *For legibility purposes, please do not complete this form by hand.*

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General information**

|  |  |
| --- | --- |
| Your first and last name(s) |  |
| Your pet’s name |  |
| Your pet’s sex, age, and breed |  |
| Date of appointment |  |
| Change in address? | ☐ Yes ☐ No  If yes, please provide new information: |
| Briefly, please describe the reasons that you are bringing your pet for a recheck appointment. |  |
| What are your goals for this recheck? |  |

**Current Medications**

|  |  |  |  |
| --- | --- | --- | --- |
| Please list **all** medications, supplements, and additives your pet is currently taking. Use your bottles from home to ensure complete accuracy. | | | |
| **Name** | **Dose** (mg) | **Frequency** (times per day, as needed) | **Effects** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Current diet and feeding instructions | |  | |
| Any medical changes since your pet’s last behavior visit (e.g., pain, decreased appetite, vomiting, diarrhea, newly diagnosed condition, etc.)? | | ☐ Yes ☐ No  Explain: | |
| When was your pet’s last full blood panel (CBC, chemistry) completed? | |  | |

**Updates**

|  |  |
| --- | --- |
| Have there been any major changes in your household? | ☐ Yes ☐ No  Explain: |
| Have there been any new episodes regarding your pet’s behavior since we last spoke? | ☐ Yes ☐ No  If yes, explain: |
| Has your pet bitten a person or another dog since your last appointment? | ☐ Yes ☐ No  If yes, explain: |
| What recommendations have been implemented? | Effective:  No effect: |
| Please provide any topics, questions, or concerns you would like to discuss during this appointment. |  |
| Has the Metropolitan Veterinary Associates’ Behavior Service helped you with your pet? |  |
| Any comments or feedback about your experience completing this questionnaire? Were there questions that were unclear or other limitations? |  |

**Thank you for completing the history form for your recheck!**