

Re-examination History Form

Date form completed _____

1. Pet's Name _____

2. Medical Information

Veterinarian & Clinic _____ Phone number _____

Has your pet developed any medical problems since the last appointment

(seizures, painful conditions, etc.) ? Yes ___ No___ If so, please list them _____

Please list all medications, including dose, your pet is currently taking _____

If your pet was placed on medication for behavioral problems, do you think the medication has

helped? Yes ___ No___ If yes, please note the percent of improvement. _____%

Have you noticed any side effects with the medication? (if yes, please describe)

Has your pet had bloodwork or other diagnostic tests done since the last appointment? Yes ___ No___

If so, please list the test, date, and results _____

Does your pet have any food restrictions? _____

***Please have the last year of your pet's medical records emailed or faxed to our office.*

4. Has your household changed since your last appointment (new house, marriage, children, pets, etc.)?

Yes ___ No___ If so, how?

5. Management

How much and what kind of exercise does your pet get over the course of an average week? _____

Has the typical 24-hour day in the life of your pet changed since your last appointment? Yes ___ No ___

If so, please describe _____

6. Training

Have you done any training with your pet since s/he was last seen here? Yes ___ No ___

If so, please describe the training and how successful it was _____

7. Since your pet was last seen, please list:

Number of total bites to **people**? (bite=teeth contact body part/clothes) _____

Number of bites to **people** that broke skin? _____

Number of bites to **people** that required medical care? (stitches antibiotics, etc) _____

8. Please list your pet's current behavioral problem(s):

Please answer the questions below for each listed problem. Feel free to attach other pages with additional information you may wish to include.

Problem 1 _____

Overall, do you think this problem is better, worse, or the same since you were last seen at the office?

Since your last visit to our office, what have you done to try to solve this problem? _____

What has been most successful? _____

What has been least successful? _____

Has anything you've done since we last saw you made the problem worse? _____

Problem 2 _____

Overall, do you think this problem is better, worse, or the same since you were last seen at the office?

Since your last visit to our office, what have you done to try to solve this problem? _____

What has been most successful? _____

What has been least successful? _____

Has anything you've done since we last saw you made the problem worse? _____

Problem 3 _____

Overall, do you think this problem is better, worse, or the same since you were last seen at the office?

Since your last visit to our office, what have you done to try to solve this problem? _____

What has been most successful? _____

What has been least successful? _____

Has anything you've done since we last saw you made the problem worse? _____
