

### Patient Recheck Form

**PLEASE NOTE:** The history form must be returned **one week** prior to your appointment. Please type in all answers and email it back to behavior@uga.edu. *Handwritten forms will not be accepted.* If we do not receive your completed form one week prior to your appointment, we will automatically cancel your appointment. Please call in advance to change your appointment if you are not able to return the form by the time it is due or if you have questions regarding the due date and time. Reminder for returning patients: please do not bring your dog into the building without our permission. You may leave your dog in the car briefly while you check in and then we will escort you through a separate entrance. If your dog was fitted for a muzzle at a previous appointment, please bring it with you for your dog to wear. Cats must be in a carrier for safety purposes.

Thank you and we look forward to seeing you and your pet(s) again!

Date and time of appointment	
Client Name	
Patient Name	
Breed (if purebred)	
Age/Date of birth	
Sex	
Neutered? At what age?	
Weight (last known, in kg)	
For cats only: declawed?	

1. What is the primary problem for which you are returning to us? Did it change in severity, duration, frequency and time of recovery? If yes, how?

2. Please describe the last incident of the problem behavior.

3. Please describe any other incident of the behavior, which you consider important.

4. Has your pet developed any new behavior problems? If yes, please answer the questions above for this behavior problem.

5. Please list any medications your pet is currently receiving and their dosages.

Medication	Response			side effects
	worse	same	better	

6. Has your pet experienced any medical conditions/illnesses since your last visit? Do you think that he or she is experiencing pain, is itchy or is in any other type of discomfort?

7. Have there been any changes in your household or our pet's routine since your last appointment (e.g. move to a new home, change in family composition, change in family pets, etc.)?

8. If your pet used to respond differently to one family member than to others, has this changed since your last visit? If so, please describe.

### **Current management**

9. How are you handling specific situations with respect to the problems listed? How does your pet react? Is what you are doing working?

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10. Please note in the table below what management recommendations and behaviour therapy exercises you have implemented and what the effect was. Please refer to your discharges and follow up notes.

Recommendation / exercise	Date attempted	Outcome / how does your pet do with this exercise/change?

11. Has there been any incident of aggressive behavior (bites, but also growling, snarling, lunging, clawing at humans or animals) since your last visit? If your pet is not aggressive, please skip this question.

Individual (name and description)	Context (situation, atmosphere)	Location (part of body bitten)	Severity (bruise, broken skin, blood drawn, stitches?)	Was the bite reported? To whom (local authorities, hospital, humane society)?

12. Has the Behavioral Medicine Service helped you so far?

13. In what areas has your pet improved since your last visit?

14. What are your goals for this recheck consultation?

15. Did you feel that any part of the treatment plan was difficult or confusing? If so, which parts?

16. Any other comments?

A large, empty rectangular box with a thin green border, intended for the user to provide any other comments.

**Thank you for taking the time and efforts to fill out this form. We are looking to forward to working with you again!**