

**RECHECK
BEHAVIOR QUESTIONNAIRE**

Lakemont Veterinary Clinic, P.C.

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This form must be completed prior to your recheck appointment. This is a crucial part of your pet's appointment. Please be as thorough and specific as possible. Attach additional sheets of paper if needed. Photos and videos are strongly encouraged. Please complete this form and return it at least 3 days prior to your appointment.

Pet's name: _____

Owner's Name: _____

Original Behavior Problems-List the behavior problems you originally sought help for and how your pet has changed (better, worse, unchanged, not worked on).

Problem (s)	Pet's change

What behavior modification techniques have you tried (Please refer to your summary recommendations)? How did your pet respond?

Behavior Modification Technique	Pet's response

Have there been any NEW behavior problems? Please Describe.

New Problem (s)	When did problem begin?

Medication List (all medications, supplements, prescription foods and preventatives).

Name of medication	Strength	How often are you giving?	Effect of medication

What is your OVERALL assessment of your pet's improvement?

- No change 1-20% 20-40% 40-60% 60-80% 80-100% I have not worked with my pet

Have there been any new health problems since the last visit? Please describe. _____

What concerns and/ or difficulties do you have with the previously recommended treatment? _____

What are your expectations for this recheck appointment? _____

