BEHAVIORAL HEALTH RECHECK
HOW IS YOUR PET PROGRESSING? LET’S HAVE A HEALTHY DIALOGUE.

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.

<table>
<thead>
<tr>
<th>Behavior Problem</th>
<th>Changes in behavior since first appointment</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>❑ Unchanged ❑ Better ❑ Worse Describe:</td>
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<td>❑ Unchanged ❑ Better ❑ Worse Describe:</td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Medication and Dosage</th>
<th>Your Pet’s Response</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>❑ Unchanged ❑ Better ❑ Worse Describe:</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Recommendation Attempted</th>
<th>Outcome</th>
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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: ________________________________________________________________