



## Lincoln Land Animal Clinic, Ltd.

Animal Behavior Services

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### Recheck Behavior Consult Form

Form Courtesy of PURDUE ANIMAL BEHAVIOR CLINIC some adaptations have been made.

Note: This information is for practice use only and your private information will not be given out without your permission except as required to communicate with parties such as your referring doctor after the appointments)

Date: \_\_\_\_\_ Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Care Veterinarian: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please list the problem(s) that your pet was initially seen for and rate the status of the problem below. Please feel free to add any additional comments or use more space/paper.

#### Problem 1:

<input type="checkbox"/>	Cured	<input type="checkbox"/>	Much Improved	<input type="checkbox"/>	Moderately Improved	<input type="checkbox"/>	Worse
<input type="checkbox"/>	Same	<input type="checkbox"/>	Slightly Improved	<input type="checkbox"/>	No Improvement	<input type="checkbox"/>	Considering Euthanasia

#### Problem 2:

<input type="checkbox"/>	Cured	<input type="checkbox"/>	Much Improved	<input type="checkbox"/>	Moderately Improved	<input type="checkbox"/>	Worse
<input type="checkbox"/>	Same	<input type="checkbox"/>	Slightly Improved	<input type="checkbox"/>	No Improvement	<input type="checkbox"/>	Considering Euthanasia

#### Problem 3:

<input type="checkbox"/>	Cured	<input type="checkbox"/>	Much Improved	<input type="checkbox"/>	Moderately Improved	<input type="checkbox"/>	Worse
<input type="checkbox"/>	Same	<input type="checkbox"/>	Slightly Improved	<input type="checkbox"/>	No Improvement	<input type="checkbox"/>	Considering Euthanasia

#### Problem 4:

<input type="checkbox"/>	Cured	<input type="checkbox"/>	Much Improved	<input type="checkbox"/>	Moderately Improved	<input type="checkbox"/>	Worse
<input type="checkbox"/>	Same	<input type="checkbox"/>	Slightly Improved	<input type="checkbox"/>	No Improvement	<input type="checkbox"/>	Considering Euthanasia

Please describe your specific concerns, discussion, problems or suggestions for the above problems.

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Please describe any NEW problems or concerns:

What happens? Where does it happen? Who is present? What triggers the incident? How does the dog behave before (body language!) and afterwards? How do people react?

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What are your goals and expectations for your pet's behavior?

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What do you want to accomplish at this follow-up appointment?

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If medication was prescribed for your pet complete this section:

(Please include any over the counter supplements and/ or remedies)

Medication	Dosage and how often	Changes in behavior	Are you having difficult giving the medication?

Describe any concerns or questions you have regarding your pet's medication

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