

# VCA Mesa Animal Hospital

858 North Country Club Drive, Mesa, AZ 85201

P 480-833-7330 E vcamesa@vca.com vcamesa.com

## Canine Behavior Recheck

**DUE AT LEAST ONE DAY PRIOR TO BEHAVIOR RECHECK APPOINTMENT**

Date of Booked recheck appointment with Dr. Moffat: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

**MEDICAL EVALUATION** (If the patient is on medications including any over the counter)

Since your dog has been on the prescribed medications do you feel your dog's behavior has

(improved, worsened, stayed the same): \_\_\_\_\_

If behavior improved or worsened, describe briefly.

- \_\_\_\_\_
- \_\_\_\_\_

List what are/is the medication(s) name, dosage (mg), and frequency that your dog is receiving?

(i.e. Trazodone 25mg every 12 hours and Prozac/fluoxetine 10mg eve morning)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### BEHAVIOR MODIFICATION PLAN

Have there been any incidences regarding the original concern since our last meeting? (Yes/No) \_\_\_\_\_

If yes, describe the incidences briefly.

- \_\_\_\_\_
- \_\_\_\_\_

What challenges (if any) are you currently facing while managing the behavior?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



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### BEHAVIOR MODIFICATION PLAN CONT'D

Are you or your dog experiencing any challenges learning the recommended coping skills or exercises sent to your email? (Yes/No) \_\_\_\_\_

If yes, which exercises:

- \_\_\_\_\_
- \_\_\_\_\_

Are you satisfied with the progress you and your dog have made since the last appointment?

(Yes/No) \_\_\_\_\_

Please explain briefly the progress or lack of:

- \_\_\_\_\_
- \_\_\_\_\_

Attach situational behavior medication tracker/any journaling of medication trials you have done (if applicable):

\_\_\_\_\_

