

Feline 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 cat has been on the prescribed medications do you feel your cat'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 cat is receiving?

(i.e. Gabapentin 25mg every 12 hours and Prozac/fluoxetine 4mg every 24 hours)

- _____
- _____
- _____
- _____
- _____

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 cat 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 cat 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):
