**Doctor Recheck Form**

**Basic Information**

|  |  |
| --- | --- |
| Your Name: | Date: |
| Pet’s Name: | Age, Breed, Sex: |
| Change in address?  Yes  No  If yes, please provide new information: |  |
| Best telephone:  Home  Cell |  |
| Best email: |  |
| Preferred method for scheduling: | Phone Call  Online Portal |

**In general, how well do you feel your pet is doing?**

Extremely well! No issues. This is a routine check-up.

Pretty well. We have a couple things to discuss.

There has been only a little improvement.

Not great. I’d really like to see more change.

Horrible. I feel like we haven’t made any progress.

Things are getting worse and/or there are new problems.

Other:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Current Medications** | | | |  | |
| Please list **all** medications, supplements, and additives your pet is currently taking. Use your bottles from home to ensure complete accuracy. | | | | | |
| Medication | Strength | Amount | Frequency | | Comments? |
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| Current Diet and Feeding Instructions: | | | | | |
| Have there been any side effects with any of the above medications or products?  Yes  No  Explain: | | | | | |

|  |  |
| --- | --- |
| **Updates** |  |
| What was the date of your last vet visit? |  |
| What was the visit for? |  |
| When was your pet’s last full blood panel completed? (CBC, Chemistry) |  |
| Has your pet been prescribed or taken any new medication since we last spoke? | Yes  No  Explain: |
| Have there been any major changes in your household? | Yes  No  Explain: |
| Have there been any episodes pertaining to the target behavior since we last spoke? | Yes  No  Explain: |
| Please provide any topics, questions, or concerns you would like to discuss during this appointment. |  |