**Doctor Recheck Form**

 **Basic Information**

|  |  |
| --- | --- |
| Your Name:       | Date:       |
| Pet’s Name:       | Age, Breed, Sex:       |
| Change in address? [ ]  Yes [ ]  NoIf 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? |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| Current Diet and Feeding Instructions:       |
| Have there been any side effects with any of the above medications or products? [ ]  Yes [ ]  NoExplain:       |

|  |  |
| --- | --- |
|  **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 [ ]  NoExplain:       |
| Have there been any major changes in your household? | [ ]  Yes [ ]  NoExplain:       |
| Have there been any episodes pertaining to the target behavior since we last spoke?  | [ ]  Yes [ ]  NoExplain:       |
| Please provide any topics, questions, or concerns you would like to discuss during this appointment.  |       |