

**TUFTS BEHAVIOR CLINIC
RECHECK CONSULTATION**

Today's Date:

Date of first consultation:

Was the original consultation a Clinic Visit (if so please give us your pet's case number), a Petfax or a Vetfax?

Name & Address of owner:

Email Address:

Daytime phone:

Evening phone:

Fax number:

Email address:

Name of animal:

Species:

Breed:

Sex: Male/Female?

Spayed or castrated?

Age:

Weight:

Date of last physical examination:

(Please include copies of any relevant medical records and/or bloodwork)

Any medical problems currently or since last consultation?

Any current medication?

RECHECK CONSULTATION

Briefly describe the original problem(s):

What was the diagnosis and treatment plan?

Were you able to follow the treatment recommendations and what were the results?

Please describe the problem currently. Has the frequency of the incidents increased or decreased (how often does it occur)? Has the intensity of the problem increased or decreased (for example, when performing the behavior, is he/she more easily interrupted than before? Has he/she progressed from growling to biting?) Has there been any change in the pattern of behavior?

Please give a detailed description of the last time this problem occurred:

RECHECK CONSULTATION

Are there any new problems? If so, please give a description of the problem(s):

Age of onset:

Duration of each incident:

Frequency of occurrence:

Have there been any changes in the pattern, frequency, intensity and/or length of incidents from the time of onset to the present?

Are there any specific conditions which trigger the behavior?

Can your pet be interrupted when engaged in the behavior?

How long is the interval between the behavior stopping and the beginning of the next occurrence?

Describe any methods used to stop the behavior and the pet's response to these methods:

Please give a detailed description of the last time this problem occurred:

RECHECK CONSULTATION

Have you obtained any new information about your pet's past (for example, information about siblings or parents)?

List people in the house (by name) living with your pet, include children's ages. Also describe interactions between the pet and people. Please note any changes since the last consultation:

List other animals in the household (by name), their species, breed, age, sex, and whether or not they are neutered. Also describe interaction between the animals. Please note any changes since the last consultation:

Have there been any changes to your pet's environment (for example have you moved, installed a new fence, or changed the location of food or litterboxes).

RECHECK CONSULTATION

Please describe a typical 24 hour period in your pet's life, especially noting any changes since the last consultation:

DIET

Type of food including brand name, formula (eg. senior), and form (dry, canned, or semimoist):

How much do you feed and how often:

Any additional food/treats/table scraps:

EXERCISE

Describe the exercise your pet receives including how often it occurs:

OBEDIENCE

What commands does your pet know and how well does he/she respond: