

Lincoln Land Animal Clinic, LTD

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Behavior History Recheck Form

Owner Information

Name:			
Address / City and State:			
Home and Cell Phone:	Home:	Cell:	
Email:			
Preferred method and time to contact you	Method:	Time:	
Preferred Local Pharmacy:	Name:	Phone #:	Fax #:
Family Veterinarian	Name:	Phone #:	Fax #:
	Email:		
Referred by:	Name:		

Basic Patient Information

Patient's Name:			
Age:			
Breed & Color:	Breed:	Color:	
Sex:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	
Spayed or Neutered:	<input type="checkbox"/> Spayed	<input type="checkbox"/> Neutered	Age:
Weight:	Body	lbs	kg

Previous Presenting Problems

Please list the problem(s) that your pet was initially seen for and rate the status of the problem below. Please feel free to add any additional comments or use more space/paper.

Problem	Rating	Comments
	<input type="checkbox"/> Cured <input type="checkbox"/> Moderately Improved <input type="checkbox"/> No improvement <input type="checkbox"/> Considering Euthansia <input type="checkbox"/> Improved <input type="checkbox"/> Slightly Improved <input type="checkbox"/> Same <input type="checkbox"/> Worse <input type="checkbox"/> Rehoming	
	<input type="checkbox"/> Cured <input type="checkbox"/> Moderately Improved <input type="checkbox"/> No improvement <input type="checkbox"/> Considering Euthansia <input type="checkbox"/> Improved <input type="checkbox"/> Slightly Improved <input type="checkbox"/> Same <input type="checkbox"/> Worse <input type="checkbox"/> Rehoming	
	<input type="checkbox"/> Cured <input type="checkbox"/> Moderately Improved <input type="checkbox"/> No improvement <input type="checkbox"/> Considering Euthansia <input type="checkbox"/> Improved <input type="checkbox"/> Slightly Improved <input type="checkbox"/> Same <input type="checkbox"/> Worse <input type="checkbox"/> Rehoming	
	<input type="checkbox"/> Cured <input type="checkbox"/> Moderately Improved <input type="checkbox"/> No improvement <input type="checkbox"/> Considering Euthansia <input type="checkbox"/> Improved <input type="checkbox"/> Slightly Improved <input type="checkbox"/> Same <input type="checkbox"/> Worse <input type="checkbox"/> Rehoming	

New Concerns or Problems- Please indicate (by checking yes or no in the last column) if you would like these problems addressed during the recheck. Please note this may require additional time and result in an increased cost.

Presenting problems (in order of importance)	Goals and acceptable outcomes	Please address
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no

New Problems continued

Please list the new problem(s) descriptions below. Please feel free to add any additional comments or use more space/paper.

Problem	When it occurs	Who is present	Triggers	Body language before and after

What do you want to accomplish at this follow up appointment

Current medications

Medication	Dosage and how often	Changes in behavior	Are you having difficulty giving the medication?

Describe any concerns or questions you have regarding your pet's medication

Would you like to address all problems regardless of the amount of time it takes ☐ or would you like to limit the recheck to 1 hour ☐.