

Oakland Veterinary Referral Services
1400 S. Telegraph Rd, Bloomfield Hills, MI 48302
Phone 248-334-6877 Fax 248-334-3693
Email: behavior@ovrs.com
Theresa DePorter, DVM, MRCVS, DECAWBM, DACVB

FOLLOW UP CONSULTATION

Owner's Name:

Pet's name:

Date of Follow-up Consult:

Please return the completed questionnaire 4 days before your appointment
Office # 248-334-6877 Fax # 248-334-3693 Email BEHAVIOR@OVRS.COM
****Please bring a copy of completed questionnaire to your appointment****
We require 48 hours notice to cancel/reschedule your appointment
without losing your deposit.

Please take some time to review your current or last behavior modification plan. Make notes on each recommendation on the table below. Let us know what worked, what you may have had difficulties implementing, or any questions you may have. Rate the recommendations in terms of success 0-5, 0 being no success and 5 being the most successful. The more thorough you are, the more we can target the areas that need improvement.

Each number line corresponds with a recommendation on your behavior modification sheet
 Please let us know if you need additional copies of you written plan

	Comments	Rating
1		
2		
3		
4		
5		
6		
7		
8		
9		

10		
11		
12		
13		
14		
15		

How would you rate your pets overall response to treatment?

- 10. Excellent
- 9. Very Good
- 8. Good to Very Good
- 7. Good
- 6. Fair to Good
- 5. Fair
- 4. Poor
- 3. Acceptable
- 2. Minimal
- 1. Intolerable/will not keep if continues

Describe recent episodes of your pet's behavior that illustrate improvement

Describe recent episodes of your pet's behavior that illustrate unresolved behavior problems

What are your goals and expectations for your pet's behavior?

What do you want to accomplish at this follow-up appointment?

If medication was prescribed for your pet please complete this section:

List any drugs, dietary supplements or remedies your pet is currently taking

Medication or supplements	Strength	How often given	Comments, changes in behavior (good or bad), side effects?

How do you administer your pet's medication? (*explain process and/ or difficulties*)

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

Are you currently implementing the use of pheromones; if yes what form?