MEDICATION REFILL APPT CONSULTATION

Owner’s Name: 

Pet’s name: 

Date of Follow-up Consult: 

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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.

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THIS APPOINTMENT IS ONLY FOR MEDICATION ADJUSTMENT, REFILLS OR TO BEGIN A NEW MEDICATION FOR A PREVIOUSLY DISCUSSED BEHAVIOR PROBLEM. WE WILL NOT BE ABLE TO DISCUSS THE BEHAVIOR PROGRAM, DIFFICULTIES OR NEW BEHAVIOR PROBLEMS. THIS REQUIRES MORE TIME AND SHOULD BE SCHEDULED AS A RECHECK APPOINTMENT FOR A MINIMUM OF ONE HOUR. YOUR PET SHOULD BE IMPROVING OR AT LEAST MAINTAINING DESIRED BEHAVIORS.

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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 any medical conditions (recent or ongoing)
What date did your pet have blood work performed (complete blood count and chemistry panel)? Please have your vet fax a copy to OVRS

Are you committed to and actively implementing the behavior modification program? 
(please be honest, an affirmative answer is not required)

Describe your current goals and expectations for your pet’s behavior

If medication was prescribed for your pet please complete this section:
List any drugs, dietary supplements or remedies your pet is currently taking

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<thead>
<tr>
<th>Medication or supplements</th>
<th>Strength</th>
<th>How often given</th>
<th>Comments, changes in behavior (good or bad), side effects?</th>
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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 want form?