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

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

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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 want form?