



VETERINARY BEHAVIOR CONSULTANTS

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Veterinary History Form

*To be completed by the referring veterinarian/primary care DVM
 and returned to GLVBC prior to appointment*

Clinic name	Veterinarian's name		
Clinic address	Clinic phone #		
	Clinic email address:		
	Clinic fax #		
Preferred method of receiving behavior reports (circle one)	Email	Fax	
Client's name	Pet's name		
Behavioral History			
For what behavior problem is this dog being referred/is the dog owner seeking help?			
Please indicate any advice or counseling regarding the problem that you have given client:			
Have you prescribed medication/suggested any behavior modification product? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate the name of medication/product, dose, dates used, and dog's response:			
Describe the dog's behavior in your clinic, including any problems you have observed:			
Medical History			
List date and any abnormal findings of most recent physical exam (<i>please include weight</i>):			
Date:	Weight:	Findings:	
List any current medical problems:			
List any painful conditions or sensory deficits:			
List all medications pet is currently taking (<i>please include heartworm/parasite preventatives</i>):			
Rabies vaccination status <input type="checkbox"/> Up-to-date <input type="checkbox"/> Overdue			
Date of most recent rabies vaccination:		<input type="checkbox"/> 1 year <input type="checkbox"/> 3 year	
List other vaccinations and dates given:			
List all diagnostic tests performed in the past six months with dates (<i>Please also attach copies of tests</i>):			
List any abnormal results and any follow-up that resulted:			