



VETERINARY BEHAVIOR CONSULTANTS

Kari L. Krause, DVM  
 20337 Farmington Road  
 Livonia, MI 48152  
 Phone 734-454-7470  
 Fax 734-454-7576

Email : office@greatlakesvetbehavior.com  
 www.greatlakesvetbehavior.com

### 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 fax #		
	Email address:		
Preferred method of receiving reports? (circle one)	Fax	Email	
Client's name	Pet's name		
<b>Behavioral History</b>			
For what behavior problem is this cat being referred/is the cat 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 cat's response:			
Describe the cat's behavior in your clinic, including any problems you have observed:			
<b>Medical History</b>			
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 prescribed ( <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:			
Was cat FeLV/FIV tested? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of test:	Results: /
List all diagnostic tests performed in the past six months with dates ( <i>please also attach copies of tests</i> ):			
Please list any abnormal results and any follow-up that resulted:			

