

Great Lakes Veterinary Behavior Consultants  
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Hours by appointment

### 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 #
Client's name	Pet's name
<b>Behavioral History</b>	
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:	
<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 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:	