

Great Lakes Veterinary Behavior Consultants
P. O. Box 87085
Canton, MI 48187
Phone (734)454-7470

Kari L. Krause, DVM
Fax (734)454-7576
email: glvetbehavior@comcast.net
Hours by appointment

Veterinary History Form

To be completed by the referring veterinarian and returned to GLVBC prior to appointment

Clinic name	Veterinarian's name	
Clinic address	Clinic phone #	
	Clinic fax #	
Client's name	Pet's name	
Behavioral History		
For what behavior problem is this cat being referred?		
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:		
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 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:		