

VETERINARY HISTORY FORM
(for referred cases, to be completed by referring DVM prior to consultation)

Clinic:	Phone #:
Address: _____ _____	Doctor's name:
	Postal code:
	Fax #:
Client's name:	Pet's name:
Behavioral History	
Describe the pet's behavior in your clinic, including any problems that you have observed: _____	
For what behavior problem is this dog being referred? (i.e., presenting complaint or diagnosis) _____	
Please indicate any advice or counseling that you have given the client thus far (including dates): _____	
Have any medications or products been suggested? If yes, indicate dates, duration, and response: _____	
Medical History	
Date of most recent physical/dental examination: _____	
List any abnormal findings: _____	
Vaccination status:	Date:
Vaccines administered:	
List any present medical problems: _____	
Are you aware of any sensory deficits? Y/N If yes, describe: _____	
Are you aware of any painful conditions in this pet? Y/N If yes, describe: _____	
List any recurrent or previous medical problems: _____	
Is the pet presently receiving treatment or medication of any type? _____	
Diagnostic Screening Tests	
Attach a copy of all recent diagnostic or screening tests. Alternatively, please complete this section.	
Indicate what diagnostic or screening tests have been performed and the date of each: _____	
List any abnormal results: _____	

