Veterinary History Form

Please submit this to your veterinarian prior to your appointment.

Veterinarian:
Clinic/ Hospital:
Address:

City: State: Zip:
Phone: Fax:
Clinic email:
Veterinarian email:

How would you like us to correspond with your clinic:
☐ Email results to: ☐ Clinic   ☐ DVM   ☐ Both
☐ Fax results

Behavior medications will be handled by Dr. Colleen Koch until the patient is behaviorally stabilized. A list of medications and any changes will be sent to your clinic.
Complete CBC, Chem 27, thyroid and urinalysis are recommended prior to the exam.
I prefer if the tests are completed prior to the exam. If you are unable to collect the samples due to the nature of the pet, please let us know and we will collect them.

Client's name: Pet's Name:
Client address:
Client City: State: Zip:
Phone numbers: Home: Cell: Work:

Patient's medical history: (Please complete the following, or send complete medical record via email)
Please submit a copy of any laboratory test on file for this pet.

Date of the most recent physical examination:
Date and results of the most recent fecal examination:
Date and type of the most recent vaccinations:

Please list any medications the pet is on (including supplements, preventatives, and nutraceuticals):

Please list any current medical problems:

Please list any chronic problems:

Please describe the behavior of the pet in your clinic.

Please describe any recommendations or counseling that you have given the client regarding the pet's behavior problem:

Please list any medications use to treat this problem:

Medication					
Dose					
Dates used					
Results					
Side effects noted					

Please feel free to use additional paper if you have any other pertinent information.

Thank you very much for the referral.
Colleen S. Koch, DVM