

Veterinary Dog Medical History Request

In view to future Behaviour Modification

It is within my ethical code of practice that I require this form to be completed before commencing upon any behaviour modification plan as the problems maybe arising from concurrent or previous medical problems. Veterinary involvement is therefore essential in eliminating organic causes of the issue to prioritise the diagnostic and treatment strategy in any given case

Practice name:

Practice address:

Date:

Client name:

Client address:

Telephone number:

Dogs name:

Breed:

Age:

Sex: M/F

Neutered? Y/N

Brief details of behavioural issue:

Date of last health check: / /

Please indicate if there are current or previous health problems concerning the following and attach details if required.



- | | |
|---|--|
| <input type="checkbox"/> Allergic Reactions | <input type="checkbox"/> Respiratory system |
| <input type="checkbox"/> Cardiovascular system | <input type="checkbox"/> Oropharyngeal region |
| <input type="checkbox"/> Endocrinological system | <input type="checkbox"/> Sensory nervous systems |
| <input type="checkbox"/> Musculoskeletal system | <input type="checkbox"/> Urogenital systems |
| <input type="checkbox"/> Nervous system | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Gastro intestinal system | |

Have any blood screenings been carried out and if so are there any indicators to the current behavioural issue?

Details of any previous medical, on-going medical conditions or treatments that are relevant to behaviour modification commencing

*I hereby acknowledge my approval for the client to seek management of the stated dog behaviour issues
The client is self-referring to Yes! Good Dog Behaviour & Training, 5 Harnall Close, Shirley, Solihull West Midlands B90 4QR*

SignedMRCVS Date / /

Client Disclosure

I _____ the owner of the above named animal, consent to the disclosure of clinical information regarding my pet by my veterinary for the purposes of referral

Signed Date / / *Please return this to Yes! Good Dog to the address above once your veterinary has completed prior to our consultation. Unfortunately I cannot continue without your Veterinary Dog Medical History*

