

Laurie S. Coger, DVM
Consultation History Form

Please fill in the following information. Email back to
DrLaurieCoger@HealthyDogWorkshop.com

Your name:

Email Address:

Address:

Best number to reach you:

Pet's name:

Pet's Breed:

Age:

Sex:

Spayed/neutered? If yes, at what age?

Where did you get your pet?

How old was he/she then?

What problem(s) is your pet currently experiencing?

When did this start? Please list all current medications.

Please list all current supplements, including amounts.

What is your pet's current diet?

If you are feeding a homemade diet, please specifics, including amounts and supplements.

Please list any other health problems your pet has previously experienced and when they occurred.

What medical treatment has your pet received for this problem(s)?

Please provide your pet's vaccine history (list types of vaccines and dates, if possible). Has your pet ever had a vaccination reaction?

If there was a reaction, what symptoms appeared following the vaccination? Include personality changes.

When was your pet last vaccinated?

Please have your regular veterinarian send all medical history, including laboratory testing and digital x rays if available, to DrLaurieCoger@HealthyDogWorkshop.com as soon as possible.

Please make sure all medical history has been sent to Dr. Coger at least 3 days prior to the phone consult. Dr. Coger can't guarantee she will be able to review any information provided in less than this time frame. Prior record review will enable you to get the most from your phone consult.