



LYKOS HEALTH DATABASE – REPORTING FORM

Lykos Wolfalike Council of Australia Inc.

Your Details:

Your Name:

Address:

Phone:

Email:

Dog's Details:

Registered Name of Dog:

Dog's Date of Birth:

Pet Name:

Gender:

Colour:

Sire:

Dam:

Details of Diagnosed Condition:

Condition of problem:

Date Diagnosed:

Dog's Age when first affected by condition:

Who diagnosed the condition (vet name and clinic):

Other Comments:

Please save as a new document, and email to us at admin@lykoswolfdogs.com

Please attach any supporting veterinarian reports to this report