



Referral Form for Animal Behaviour Case

Behaviour problems may arise both directly and indirectly as a result of concurrent or previous medical problems. Veterinary involvement is therefore essential in eliminating organic causes of the problem and prioritising the diagnostic and treatment strategy to be used in any given case. In order to safeguard the welfare of your patient and indicate your approval of referral, please complete the following form. Please note that until a case is released to another veterinary surgeon then you, as the client's normal veterinary surgeon, remain responsible for the treatment, advice and any prescription given.

Referring / Contact Veterinary Surgeon _____ **MRCVS**

Practice Name _____

Address _____

Tel (inc. STD code) _____

Fax _____

Post Code _____

Client Name _____

Patient Name _____

Species / Breed _____

Age _____ **Sex (inc. neuter status)** _____

Address _____

Tel (inc. STD code) _____

Post Code _____

Brief Details of Behaviour Problem

Date First Noticed ____/____/____

Has euthanasia been considered? _____

I hereby acknowledge my approval for the client described overleaf to be referred for management of the current behaviour problem to:

Referral Practice Name:- COMPANION ANIMAL BEHAVIOUR REFERRALS

Medical History

Date of Last Health Check ____/____/____

Weight _____ Kg

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

Allergic Reactions

Otolaryngeal Region

Cardiovascular System

Respiratory System

Endocrinological System

Sensory Systems

Muscular Skeletal System

Skin and Adnexae

Nervous System

Urogenital System

Please provide details of any blood screens performed including specific organ function tests and assays:

Date and purpose of any general anaesthetics

Details of any ongoing medical conditions or treatments

Summary medical history / medical records attached (delete as appropriate)

Further Information Attached. Yes / No

Signed: _____ MRCVS

Date ____/____/____

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

Signed: _____

Date ____/____/____