



REFERRAL FORM FOR ANIMAL BEHAVIOUR CASE

Behaviour problems, their initiation, development or maintenance, may be directly and indirectly associated with concurrent or previous medical problems. Veterinary involvement is therefore essential in eliminating organic causes of the problem and in 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 undertake a pre-referral examination of your patient and complete the following form. Please note that unless the 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 and Address:

Post Code:

Practice Telephone Number:

Practice or Referring Vet's email address:

Client Name:

Client Address:

Client Post Code:

Client Telephone Number:

Client e-mail address:

Patient's Name:

Patient's Age and Sex (including neuter status):

Brief summary of the behaviour problem:

I hereby give my consent for this client to be referred to Companion Animal Behaviour Referrals, with whom I have sought my client's permission to share their medical history, which I attach.