**REFERRAL FORM FOR ANIMAL BEHAVIOUR CASE**

Pet Owners: Please ask your first opinion vet to complete this form and return to the email address above.

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. The Pet Behaviour Practice will follow up all behavioural assessments with a report and phone/email support for 3 months to you, the referring Vet, and your client.

**Contact Veterinary Surgeon:**

**Practice Name:**

**Address:**

**Tel: Email:**

**Client Name:**

**Patient Name: Age:**

**Species/Breed: Sex:**

**Address:**

**Tel: Email:**

Brief details of behaviour problem:

Date first noticed:

Date of last health check: Weight:

Are you able to clinically examine the patient? yes / no

Please indicate if there is a history of medical problems (orthopaedic, dental, endocrine):

Details of any current/ongoing medical conditions or treatments:

PLEASE ATTACH A MEDICAL HISTORY AND ANY LABORATORY TEST RESULTS WITH THIS REFERRAL

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

 Dr Sarah Lowery BVetMed BSc MSc MRCVS CCAB, Pet Behaviour Practice.

Signed: MRCVS Date:

Once signed please return this form by email to info@petbehaviourpractice.co.uk. Electronic signatures are accepted