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Case Reference Number:

REFERRAL FORM FOR COMPANION ANIMAL BEHAVIOUR CONSULTATION

Behaviour problems may arise both directly and indirectly as a result of concurrent or previous medical conditions. Veterinary Surgeon intervention is therefore essential in eliminating organic causes for the problem and prioritising the diagnostic and treatment strategy to be used in any given case. In order to safeguard the welfare of the animal and indicate your approval of referral, please complete the following form.

Referring/ Contact Veterinary Surgeon _____ MRCVS

Practice Name: _____

Address: _____

Postcode: _____

Tel: _____

Fax: _____

Client's Name: _____

Pet's Name: _____

Species/Breed: _____

Age: _____ Sex: _____

Address: _____

Neutered: Y/N

Tel: _____

Postcode: _____

Brief details of behavioural problem

Date first noticed: ___/___/___

Has euthanasia been considered? Y / N

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:

- | | |
|---|---|
| <input type="checkbox"/> Allergic reactions | <input type="checkbox"/> Muscular skeletal system |
| <input type="checkbox"/> Cardiovascular system | <input type="checkbox"/> Nervous System |
| <input type="checkbox"/> Dermatological and adnexae | <input type="checkbox"/> Orolaryngeal region |
| <input type="checkbox"/> Endocrinological system | <input type="checkbox"/> Respiratory system |
| <input type="checkbox"/> Genitourinary system | <input type="checkbox"/> Sensory systems |

Date and purpose of any general anaesthetics:

Details of any ongoing medical conditions or treatments:

Summary of medical history/ copy of medical records attached (delete as appropriate).

I hereby acknowledge my approval for the client described to be referred to Pets Behaving Badly for the management of the current behaviour problem.

Signed: _____ MRCVS Date: ___/___/___
Signature of referring Veterinary Surgeon

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 to Catherine Sutton BSc (Hons) PG Dip CABP at Pets Behaving Badly.

Signed: _____ Date: ___/___/___
Signature of client