

## 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 you, as the client's normal veterinary surgeon, remain responsible for the treatment, advice and any prescriptions given.

Referring / Contact Veterinary Surgeon:  Practice Name:  Address (inc. postcode):  Tel:  Email:
Client Name:  Patient Name:  Species & Breed:  Age & Sex (inc. neuter status):  Address (inc. postcode):  Tel:  Email:
Brief details of behaviour problem:

<p>Date first noticed:</p> <p>Do you consider this patient to have any physical causes or confounders which may impact or influence its behaviour, including that of medication effects? (Please give details):</p> <p>Has psychotropic medication been considered/prescribed for behavioural reasons?:</p> <p>Has euthanasia been considered?:</p>

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

Behaviourist name: Paisley Drescher IMDTB

Email: [thepetperspectivebehaviour@gmail.com](mailto:thepetperspectivebehaviour@gmail.com)

Telephone: 07437435819

### **Medical History**

Date of last health check:

Weight:

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

- |  |   |
|--|---|
| <input type="checkbox"/> Allergic reactions      | <input type="checkbox"/> Sensory systems          |
| <input type="checkbox"/> Orolaryngeal region     | <input type="checkbox"/> Muscular skeletal system |
| <input type="checkbox"/> Cardiovascular system   | <input type="checkbox"/> Skin and adnexae         |
| <input type="checkbox"/> Respiratory system      | <input type="checkbox"/> Nervous system           |
| <input type="checkbox"/> Endocrinological system | <input type="checkbox"/> 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 on-going medical conditions or treatments:

- Summary medical history / medical records attached
- Further information attached

Signed: \_\_\_\_\_ MRCVS    Date:

I, \_\_\_\_\_, the owner/person with full legal responsibility\* of the above named animal consent to the disclosure of clinical information regarding this animal by my veterinary surgeon for the purposes of referral. I hereby authorise my veterinarian and behaviourist to disclose details about and discuss this case.  
\*Please state capacity \_\_\_\_\_

Signed: \_\_\_\_\_ Date: