

REFERRAL FORM

For Behaviour Consultation

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 the patient and indicate your approval for referral, please complete the following form:



VETERINARY SURGEON DETAILS:

Referring Veterinarian:	
Practice Name & Address:	
	Post Code:
Telephone:	Email:

CLIENT DETAILS:

Owner's Name:	
Patient's Name/Age/Species and Breed:	
Gender/Neutered Status and Date of Neutering:	
Passport/Microchip No:	Date of Last Health Check:
Presenting Problem:	

I hereby acknowledge my approval for the client described above to be referred for management, training and/or behavioural therapy regarding the current problem to:

Behaviour Counsellor's Name: Isla Bonning of Crabtree Pet Care	
Address: 5 Crabtree Close, Dundry, Bristol. BS41 8LW	
Telephone: 07557059348	Email: crabtreepetcare@outlook.com

The above may need to discuss signs of specific medical conditions with you, the referring veterinarian, during the course of their work. This is at no time to be taken as an attempt to diagnose any medical condition unless the member is themselves a qualified veterinarian who explicitly states a diagnosis.

Medical history accompanies this form or is supplied by: Post/Phone/Email

Signed: _____ MRCVS Date: _____

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

Signed: _____ Date: _____