

Referral Form for Canine Behaviour Case

Behaviour problems may arise both directly and indirectly as a result of concurrent or previous medical problems. Veterinary involvement is 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 until a case is released to another veterinary surgeon then you, as the client's normal veterinary surgeon, remain responsible for the treatment, advice and any prescriptions given.

Referring Veterinarian	
Practice Name	
Address (inc postcode)	
Telephone	

Client Name		Patient Name	
Address (inc postcode)		Breed/Gender	
		Age	
		Reason for referral	
Telephone		Date of last health check	

Please tick appropriate box:

- Relevant medical history accompanies this form
- Relevant medical history supplied by post/phone/email

I hereby acknowledge my approval for the client described overleaf to be referred for management of the current behaviour problem to Kelly Cordell-Morris of Tails We Win

Signed: _____ Date _____

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.

Signed: _____ Date _____