REQUEST FOR ANIMAL BEHAVIOUR REFERRAL

In order to certify your approval for referral and safeguard the well-being of both your clients and their pet, please complete the following form and return it to us with the medical history.

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| --- |
| Contact Veterinary Surgeon: |
| Practice Name: |
| Address: |
| Post Code |
| Tel:  | Email address of referring veterinary surgeon or practice:  |
|  |
| Client Name:  | Patient name: |
| Species/Breed:  | Age: | Sex inc. neuter status: |
| Client Address: |
| Post Code:  | Tel:  |
| Client E-mail address: |
|  |
| Brief details of behaviour problem: |
| Date first noticed by client:  |
| Are you aware if the owner is considering euthanasia in this case: |

CERTIFICATION OF APPROVAL

I hereby certify my approval for the client described overleaf to be referred for management of the current behaviour problem to Companion Minds: Animal Behaviour & Training.

Medical History:

|  |  |
| --- | --- |
| Date of last health check: | Weight: |
| Are you able to clinically examine the patient: yes / no |
| Please indicate if there are any current medical problems (orthopaedic, dental, endocrine):  |
| Details of any ongoing medical conditions or treatments |
| PLEASE ATTACH A FULL MEDICAL HISTORY AND ANY LABORATORY TEST RESULTS WITH THIS REFERRAL |
|  |
| Signed: F/MRCVS | Date:  |

Please note: We can only accept this referral and form if it is signed. Once signed this form can be scanned and emailed to us, or a digitally handwritten signature is accepted too.

Thank you for taking the time to complete this referral form.

Please return it to companion.minds.behaviour@gmail.com alongside the patient’s clinical history.