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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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](mailto:companion.minds.behaviour@gmail.com) alongside the patient’s clinical history.