Case reference number_____

Referral Form for Animal Behaviour Case

This form is approved by The Companion Animal Behaviour Therapy Study Group and was produced after consultation with the Royal College of Veterinary Surgeons

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 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 / Contact Veterinary Surgeon _____MRCVS

Practice Name_____

Address:_____ **Tel: (inc. STD code)_____**

_____

_____ **Fax:_____**

_____

Post Code_____

Client Name:_____ **Patient name_____**

Species/breed_____ **Age_____Sex (inc.neuter status)_____**

Address:_____ **Tel: (inc. STD code)_____**

_____

_____

_____

Post Code_____

Brief details of behaviour problem **Date first noticed____/____/_____**

_____

_____

_____

_____

Has euthanasia been considered?_____

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

Referral Practice Name:_____

Case reference number_____

Medical history:

Date of last health check___/___/___ **Weight_____Kg**

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

- ☐ **Allergic reactions**
- ☐ **Cardiovascular system**
- ☐ **Endocrinological system**
- ☐ **Muscular skeletal system**
- ☐ **Nervous system**
- ☐ **Orolaryngeal region**
- ☐ **Respiratory system**
- ☐ **Sensory systems**
- ☐ **Skin and adnexae**
- ☐ **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 ongoing medical conditions or treatments

_____

_____

_____

Summary medical history / medical records attached (delete as appropriate)

Further information attached Yes / No

Signed:_____MRCVS **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____/____/_____**

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