

## VETERINARY REFERRAL FORM

Client's Name and Pet's Name .....

Client phone number and email address.....

Referring Veterinary Surgeon .....

Veterinary Practice .....

Vet/Practice email address (for queries and report) .....

Presenting Behaviour Problem:

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**Please tick appropriate boxes:**

- ☐ Medical history accompanies this form.
- ☐ Medical history supplied by post/email.
- ☐ Behaviourist to contact the client directly (please provide client phone number / email if possible).
- ☐ The client has been given behaviourist's details and will make contact in their own time.

Signed ..... MRCVS; Date .....

This completed form and animal's medical history can be emailed to [lucy@petbehaviourhelp.co.uk](mailto:lucy@petbehaviourhelp.co.uk) or posted to Reed Cottage, Lower Road, Onehouse, Stowmarket IP14 3DB.

Alternatively the form and medical notes can be handed to the client to pass on at their behaviour consultation.

Additional referral forms can be downloaded at [www.petbehaviourhelp.co.uk/Referral.pdf](http://www.petbehaviourhelp.co.uk/Referral.pdf)

