**Veterinary referral form for pet behaviour consultation**

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.

Referring veterinary surgeon:

Practice Name and address:

Contact number and email:

Client email, the client will be contacted by email initially:

Client name:

Patient name:

Species:

Breed:

Age:

Brief details of behaviour problem:

Date of last health check:

How easy was it to examine the pet, easy, quiet but anxious, difficult?

Did the animal require additional forms of restraint, such as owner holding, nurse or muzzle or towel wrap?

Are there any deficits in the pet’s senses?

On completion of full examination is there any signs pain, arthritis or joint disorders, if so where?

Have any diagnostic test been performed recently and are there any significant results?

Please attach the medical history via email with this form along with any notes you feel are necessary.

Sign and date