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Veterinary Referral Form

Behaviour problems in companion animals can be complex and may arise both directly and indirectly as a result of present or past medical ailments. It is therefore essential that any animal displaying behavioural presentations have a preliminary Veterinary exam. This allows the process of 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 the patient and indicate your approval of referral, please complete the following form (the sections in **bold**), as it may be necessary for myself to communicate with the patients Veterinarian if behavioural drug therapy would be beneficial alongside a behaviour modification plan or if further tests are necessary .

Veterinary Surgeon**MRCVS**

Practice Name & Address.....

Veterinary Email Address.....

Practice Telephone Number.....

Patient Name.....

Carers Name & Address.....

Animal Species..... Age..... M/F.....Neutered/ Entire.....

Presenting
Behaviour Problems.....

For Veterinary Use Only (Continue on reverse if needed):
Summary of Medical History (Can be printed/ attached with this form for time saving/ long histories).....

Correspondence is usually via email. Would you like a full behavioural report emailed to the practice

Y/N.....Email address for the behaviour report to be sent.....

Signed.....**MRCVS**
Date.....

I, the owner, consent to the disclosure of my pets clinical history by my veterinary surgeon for referral to Gemma Stephen Bsc Hons, Clinical Animal Behaviourist.

Signed.....
Date.....