



Vet Referral Form Behaviour Referral

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 any veterinary intervention required still remains the responsibility of the referring veterinary surgeon/centre, including but not limited to veterinary treatments, advice and any prescriptions given/required.

Practice information:

Referring/Contact Veterinary Surgeon:	Practice Name:
Practice Contact Number:	Practice Email:
Practice Postcode:	

Client information:

Client Name/s:	Client Address:
Client Contact Number:	
Client Email:	

Patients

Patients Name:	Date of Birth/Approx. age:
Species/Breed:	Sex and Neuter Status:

Behaviour Details:

Brief description of behaviour:

When was it first noticed (if known):

Has Euthanasia been considered:

Yes

No

Medical History:

Date of Last Health Check:

Weight:

Were you able to clinically examine the patient?

Please indicate if there are any current medical problems (e.g. orthopaedic, dental, endocrine):

Details of any ongoing medical conditions or treatments:

PREPARED AND ATTACHED FULL MEDICAL HISTORY AND ANY LABORATORY TEST RESULTS WITH THIS REFERRAL:

Yes

The owner has consented to the disclosure of clinical information regarding to the above-mentioned pet for the purposes of referral:

Yes

In line with the latest guidelines issued from RCVS with respect to tele-prescribing, 'I' (as the primary vet to the patient I am referring), take responsibility either ourselves as the veterinary practice or via our out of hours primary care provider, that 24 hour care will be available for a physical exam should the patient need it:

Yes

All information provided above is correct to the best of my knowledge. I hereby certify my approval for the client described overleaf to be referred for management of the current behaviour problem to Forrest Animal Behaviour.

Yes

Signed:

(F/MRCVS)

Date: