**BEHAVIOUR FORM FOR ANIMAL BEHAVIOUR CASES**

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 prioritizing 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 you, as the client’s normal veterinary surgeon, remain responsible for veterinary treatment advice and any prescriptions given.

|  |  |
| --- | --- |
| Referring/contact Veterinary Surgeon |  |
| Practice name |  |
| Address (including postcode) |  |
| Telephone |  |
| Email |  |
|  |  |
| Client name |  |
| Patient name |  |
| Species and Breed |  |
| Age and Sex (including neuter status) |  |
| Address (including postcode) |  |
| Telephone |  |
| Email |  |
|  |  |
| Brief details of the 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:

**Loni Loftus Behaviour**

**Clinical Animal Behaviourist (Canine, Feline and Equine)**

Medical History

|  |  |
| --- | --- |
| Date of last health check |  |
| Weight› |  |
| Please indicate if there are any current or previous health problems concerning the following and attach appropriate details.  | * Allergic reactions
* Cardiovascular system
* Endocrinological system
* Muscular system
* Nervous system
* Orolaryngeal region
* Respiratory system
* Sensory systems
* Skin and adnexae
* Urogenital system
 |
| Have any blood screens been performed including specific organ function tests? If yes, please attach results. |  |
| Date and purpose of any general anaesthetics. |  |
| Details of any ongoing medical conditions or treatments. |  |

* I have attached a full medical history to this referral form
* Further information attached

Signed: MRCVS Date:

I, the owner of the above named animal consent to the disclosure of clinical information regarding my animal by my veterinary surgeon for the purposes of referral.

Signed: Date: