

## Veterinary Referral Letter

This form was produced after consultation with the Royal College of Veterinary Surgeons and is approved by The Companion Animal Behaviour Therapy Study Group.

Behaviour problems may be linked directly or 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 as the client's normal veterinary surgeon, you remain responsible for the treatment, advice and any prescriptions given.

Referring / Contact Veterinary Surgeon:

Practice Name:

Address:

Tel:

Email:

Client Name:

Address:

Tel:

Pet's name:

Species/breed

Age:

Sex (inc. neuter status):

**Brief details of behaviour problem and date first noticed:**

Has euthanasia or re-homing been considered?

**Medical History:**

Date of last health check & weight:

Brief details and dates of any previous or ongoing medical conditions or treatments (no need to complete if relevant medical records are attached).

Any relevant information regarding the behaviour of the dog during physical examinations by a veterinarian or nurse:

Summary medical history / medical records attached (delete as appropriate)

**Referral Consent:**

I hereby acknowledge my approval for the client described overleaf to be referred to:

Jackie Bennett DipCABT  
26 Clarendon Road  
Bristol, BS6 7EU  
Tel: 07840 755433  
Email: [info@bellabehaviour.co.uk](mailto:info@bellabehaviour.co.uk)

Signed:.....MRCVS

Date:.....

**Signature from Client:**

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

Signed:.....

Date:.....