

**VETERINARY REFERRAL FORM**

**To Whom It May Concern**To work with behaviour problems effectively we need to ensure the dog in question is in good health, as behaviour change is commonly a symptom of pain or illness.

**Please can you complete this form and provide us with the *full clinical history*.** Insurance companies are now often asking for the medical history when clients make a claim for behaviour work. Providing this can be insightful from an assessment perspective, but also helps speed up the claim process down the line.

It is recommended, when considered potentially relevant, that routine blood tests (including a thyroid panel) and stool screen are carried out. If the dog appears to have any structural issues (even if only minor) a trial of non-steroidal pain-relief may allow discomfort as a potential motivator for the behaviour problem to be ruled out.

If you require references related to the above, please don’t hesitate to ask. I value your expertise and experience and will gladly *receive a referral without the above being done* if you don't feel they are required. However, if the cue for the behaviour cannot be identified (idiopathic behaviour), application of methods proves ineffective and problem solving reaches a dead-end I may refer the owner back to you.

The methods we use as a team are science-based and kind. In-depth assessments are carried out, exploring the dog’s history and behaviour.

Thank you for your time, I look forward to receiving your referral.

Thanks

Roz Pooley MSc CAB, CCAB

Certified Clinical Animal Behaviourist (CCAB) for dogs with ASAB
Full CAB Member of The APBC
Full Member of PACT
Registered Clinical Animal Behaviourist with the ABTC
Registered Animal Training Instructor with the ABTC

 

 **Date**

**Name of referring vet MRCVS**

**Practice name**

**Address**

**Post Code**

**Phone number**

**Client Name**

**Name of Patient**

**Ages**

**Species/Breed**

**Brief description of the behaviour problem**

**Date first noticed by client**

**I hereby acknowledge my approval for the client described to be referred for management of the current behaviour problem to:

Referral Practice Name:**

**Medical History:**

**Date of last health check**

**Weight: Kg**

**Please indicate if there are current or previous health problems concerning the following and attach appropriate details:**

Allergic Reactions Oropharyngeal Region

Cardiovascular System Respiratory System

Endocrinological System Sensory Systems

Muscular Skeletal System Integumentary System

Nervous System Urogenital System

**Please provide any details of blood screens performed including specific organ function tests and assays**

**Date and purpose of any general anaesthetics**

**Details of any ongoing medical treatments of conditions**

**Please indicate the email address the summary of the behaviour report and further correspondence should be forwarded to:

Please do note the information in the covering letter regarding medical histories which can be useful for assessments but are now often required for insurance claims.**

**Signed: MRCVS Date:**