

Lisa Childs G.Dip.ABM., A.Dip.CBM

Full member of APBC & TCBTS, ABTC Registered Clinical Animal Behaviourist, Dynamic Dog Practitioner

VETERINARY REFERRAL FORM

As an ABTC accredited Clinical Animal Behaviourist, I am only able to accept cases involving dogs with behavioural problems once a referral has been made by the animal's veterinary surgeon. This is essential because behavioural issues may sometimes be linked to, or caused by, underlying health concerns, medical conditions—past or present—or pain. The referral process also helps to establish a multi-disciplinary team to provide comprehensive support for your dog.

Please complete and return this form to me at the below address before your consultation.

Referring Veterinary Surgeon: _____

Practice name and address: _____

Practice email: _____ Telephone: _____

Client name: _____ Client address: _____

Telephone: _____

Dog's name: _____ Breed: _____

Age: _____ Sex: _____ Neutered: Y/N If yes, when? _____

Presenting behaviour problems and when they started: _____

TO BE COMPLETED BY VETERINARY SURGEON. Please write a summary of medical history (continue on the reverse of this sheet if necessary). I am happy to supply full medical history by email: Yes/No

Signed: _____ MRCVS Date: _____

TO BE COMPLETED BY THE OWNER

I _____, the owner, consent to the disclosure of clinical information regarding my pet by my veterinary surgeon for referral to Lisa Childs.

Signed: _____ Date: _____