



APBC

ASSOCIATION OF PET  
BEHAVIOUR COUNSELLORS

# REFERRAL FORM

## For Behaviour Consultation

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 or referral, please complete the following form:

### VETERINARY SURGEON DETAILS

REFERRING VETERINARIAN

PRACTICE NAME AND ADDRESS

POSTCODE

TELEPHONE

EMAIL

### CLIENT DETAILS

OWNER'S NAME

PATIENT'S NAME/ AGE/ SPECIES AND BREED

GENDER/ NEUTERED STATUS AND DATE OF NEUTERING

PASSPORT/MICROCHIP NO. (IF RELEVANT)

DATE OF LAST HEALTH CHECK

PRESENTING PROBLEM

I HEREBY ACKNOWLEDGE MY APPROVAL FOR THE CLIENT DESCRIBED ABOVE TO BE REFERRED FOR MANAGEMENT, TRAINING AND/OR BEHAVIOURAL THERAPY REGARDING THE CURRENT PROBLEM TO:

BEHAVIOUR COUNSELLOR NAME AND ADDRESS

POSTCODE

TELEPHONE

EMAIL

THE ABOVE MAY NEED TO DISCUSS SIGNS OF SPECIFIC MEDICAL CONDITIONS WITH YOU, THE REFERRING VETERINARIAN, DURING THE COURSE OF THEIR WORK. THIS IS AT NO TIME TO BE TAKEN AS AN ATTEMPT TO DIAGNOSE ANY MEDICAL CONDITION UNLESS THE MEMBER IS THEMSELVES A QUALIFIED VETERINARIAN WHO EXPLICITLY STATES A DIAGNOSIS.

PLEASE TICK APPROPRIATE BOX:

MEDICAL HISTORY ACCOMPANIES THIS FORM

MEDICAL HISTORY SUPPLIED BY

POST

PHONE

EMAIL

SIGNED \_\_\_\_\_ MRCVS      DATE: \_\_\_\_\_

I, \_\_\_\_\_, THE OWNER/PERSON WITH FULL LEGAL RESPONSIBILITY\* OF THE ABOVE NAMED ANIMAL, CONSENT TO THE DISCLOSURE OF CLINICAL INFORMATION REGARDING THIS ANIMAL BY MY VETERINARY SURGEON FOR THE PURPOSES OF BEHAVIOUR THERAPY. I HEREBY AUTHORISE MY VETERINARIAN AND BEHAVIOURIST TO DISCLOSE DETAILS ABOUT AND DISCUSS THIS CASE. \* PLEASE STATE CAPACITY \_\_\_\_\_

SIGNED: \_\_\_\_\_      DATE: \_\_\_\_\_