



Referral form for Animal Behaviour Case

To the Client

Referral from a named veterinary surgeon is essential before the consultation can take place. The referral can be made using this form or, if your vet prefers to refer by email, medical records can be sent to info@helentaylordorset.co.uk

Client Name: _____ Patient Name: _____

Email Address _____ Patient Age and Sex/neutered: _____

Client Phone No: _____ Patient Breed: _____

Client Address: _____

Vet Name, Address and Postcode: _____

Is the pet insured? If so, with whom? _____
Some insurance companies will reimburse some or all of the cost of treatment for behavioural problems by qualified behaviourists. Please check your policy before the appointment to see if this applies.

Brief Details of Behaviour Problem(s): _____

Signed _____ Date: _____

How did you hear about Helen Taylor Dog Training & Behaviour: _____

To the Veterinary Surgeon

Thank you for your referral. You can refer this case either by completing this form and giving it back to the client, or by sending medical records to me by post or by email (to info@helentaylordorset.co.uk).

Behaviour problems sometimes 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. For these reasons, reputable pet behavioural counsellors belonging to recognised bodies such as the APBC work only from veterinary referral. In order to safeguard the welfare of the patient and indicate veterinary approval for referral, please complete the fields below or refer by email.

Practice Details (if not provided above): _____ Case Ref No: _____

Summarised medical history: _____

Is this referral A referral initiated by your practice OR a request by the client to refer ?

If more space is required or more detail is needed, please use fields on following page

I hereby acknowledge my approval for the above client to be referred for the above behaviour problem

Referring Veterinary Surgeon (signature): _____ Date: _____

Referring Veterinary Surgeon (print name): _____

Report to be sent by Post Email: (give address: _____)

Page 2 - Further Medical History (only if needed)

*ONLY NEEDED IF INSUFFICIENT SPACE FOR MEDICAL HISTORY ON PAGE 1.
PLEASE DISCARD IF NOT NEEDED*

Date of last health check: _____ Weight: _____

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Allergic Reactions | <input type="checkbox"/> Orolaryngeal Region | <input type="checkbox"/> Cardiovascular System |
| <input type="checkbox"/> Respiratory System | <input type="checkbox"/> Endocrinological System | <input type="checkbox"/> Sensory System |
| <input type="checkbox"/> Musculo-skeletal System | <input type="checkbox"/> Skin and Adnexe | <input type="checkbox"/> Nervous System |
| <input type="checkbox"/> Urogenital System | <input type="checkbox"/> Other: _____ | |

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

Date and purpose of any general anaesthetics

Details of any ongoing medical conditions or treatments

Summary Medical history/records attached (delete as appropriate) **Yes/No**

Further information attached **Yes/No**