

# VETERINARY REFERRAL FOR CANINE BEHAVIOUR CONSULTATION



## Veterinary Practice Details

Veterinary Practitioner:

Practice Name:

Phone:  Address:

Email:

## Client Details

Name:

Phone:  Address:

Email:

## Dog Details

Name:  Breed:

Age:  Sex:

Neutered: Yes / No Date of neutering:

Insured: Yes / No Insurance company:

Date of most recent health check:

Did this include? (Tick all that apply)

Pain assessment	<input type="checkbox"/>	Neurological exam	<input type="checkbox"/>
Bloods	<input type="checkbox"/>	Urinalysis	<input type="checkbox"/>
Assessment of vision and hearing	<input type="checkbox"/>		<input type="checkbox"/>

Any known medical conditions:

Current medication:

Brief description of the reason(s) for behaviour referral:

Has the dog ever bitten a person: Yes / No


Please return this form, along with a full clinical history to:  
pethelphome@gmail.com

Jennifer Southern BSc RVN (Provisional\* Clinical Animal Behaviourist with the Association of Pet Behaviour Counsellors)

*\*Provisional Members have demonstrated that they have the appropriate level of knowledge and understanding for the professional role of Clinical Animal Behaviourist (CAB). They are now gaining the practical experience necessary to be assessed as a CAB and therefore become a full member of the APBC. The APBC supports its provisional members undertaking behaviour consultations.*



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