



Veterinary Behaviour Referral Form

Veterinary referral is important to rule out any underlying medical conditions as problem behaviour can occur from arising or previous medical conditions. Veterinary involvement will eliminate this aspect of the problem, so treatment can be focused on.

Please either print this form, scan and email back, fill in on your computer and email back or post (please contact for an address). You can also fill in this form on-line.

Owner & Animal Details

Owner Name *

Prefix First Name Last Name

Email

example@example.com

Phone Number *

Area Code Phone Number

Animal Name *

First Name Last Name

Animal Details *

Species Breed

Animal Details *

Age F/ FN / M / MN - please write one

Name

First Name Last Name

Veterinary Surgeon Section

In order to certify your approval for referral and safeguard the well-being of both your clients and their pet, please complete the following form and return it with the medical history via email general@poochpaws.co.uk. If you wish to post this please contact Katey for a postal address.

Referring Practice Name & Address *

Practice Name

Address

Town County

Post Code

Referring/Contact Veterinary Surgeon *

Prefix First Name Last Name Suffix

Email *

example@example.com

Phone Number *

Area Code Phone Number

Brief Details of the behaviour issue including a date first reported/noticed *

Has euthanasia been considered? *

Yes

No

Date of last health check:

Weight

KG

Please indicate current or previous health problems concerning the following (ensure you send the relevant history). *

- | | | |
|-------------------------|---|-------------------|
| Allergic Reactions | Gastro-intestinal system | Skin and adnexa |
| Cardiovascular system | Respiratory system | Urogenital system |
| Endocrinological system | Sensory system | Nervous system |
| Musculo-skeletal System | No issues with any system currently or previously | |

Please provide details including dates of: Specific blood tests including specific organ tests and assays; orthopaedic examination including any slight reactions or muscle issues. *

Date and purpose of any general anaesthetics *

Details of any ongoing medical conditions or treatments *

Summary of medical history attached? *

Yes

I will send this seperately

Can Katey contact you to discuss any concerns? *

Yes

No

Please note that until a case is released to another Veterinary Surgeon, then you, as the client's normal Veterinary Surgeon remain responsible for the treatment, advice, and any prescriptions given. I hereby acknowledge my approval for the client described above to be referred to Katey Aldred & Pooch Paws for management of the current behaviour problem.

To proceed: the owner must pre-book an appointment, and complete a behaviour questionnaire, plus agree to the full terms and conditions of service. Please visit www.kateyaldred.co.uk for more information.

Signature & Date
