



# Inspiring Pet Teaching's Veterinary Referral Form for Behaviour cases

**Client's name \***

First Name      Last Name

**Client's email address: \***

example@example.com

**Client's 'phone number: \***

Area Code      Phone Number

**Optional: Client's 'phone number(additional/alternative):**

Area Code      Phone Number

**Client's address: \***

Street Address

Street Address Line 2

City      State / Province

Postal / Zip Code

**Has this client given informed consent for behaviour referral, & sharing of their clinical history? \***

Yes

**Name of pet(s) being referred: \***

**Pet's species & breed-type: \***

**Pet's sex & neuter status: \***

**Pet's age: \***

**I am a Veterinary Surgeon, & this patient is under my care \***

Yes

**Veterinary practice name: \***

**Referring veterinary surgeon's name: \***

First Name      Last Name

**Referring veterinary surgeon/practice's email address: \***

example@example.com

**Optional: Alternative (e.g. vet-specific) email address:**

example@example.com

**Veterinary practice's 'phone number: \***

Area Code

**As per the RCVS Code of Conduct for Veterinary Surgeons guidance on referral, and with the understanding that I maintain the Duty of Care for this patient, I - the above-named veterinary surgeon - acknowledge my approval for the client and pet described above to be referred for behavioural assessment and treatment to: Linda Ryan BSc (Hons) Animal Behaviour and Welfare VTS (Behaviour, Oncology) DipAVN (Medical) KPA-CTP RVN CCAB, trading as Inspiring Pet Teaching. \***

Yes

**Brief nature/details of the behaviour problem, as you understand it? \***

**Approximate duration/date the behaviour problem was first noticed: \***

**Are you concerned re aggression posing a safety risk that you feel I should be aware of? \***

Yes

No

**Approximate date of referred pet's last clinic visit: \***

**Reason for clinic visit: \***

**I have assessed and ruled in/out clinical problems relating to the following body systems. (Please indicate if there are current or previous health concerns, including related to the below, and attach clinical history details - feel free to expand in the "other" box, below): \***

Cardiovascular system

Endocrine system

Muscular skeletal system  
Nervous system  
Oral laryngeal region  
Respiratory system  
Sensory systems  
Skin and adnexae  
Urogenital system  
Allergic reactions

**Any other/further details, comments or concerns regarding the patient's health status? \***

**Is the patient currently on any medication(s), or any type of vet-prescribed treatment? \***

**I have assessed this patient for pain: \***

Yes

No

**Has this patient got any pain, or possible reason to have pain? Please give details of any concerns re-pain: \***

**Do you consider this patient to have any physical/medical causes, influences or confounders, which may impact or exacerbate the behavioural concern? This includes the potential effects of any medication or prescribed treatment? (Please give details) \***

**Has psychotropic medication been considered/prescribed for behavioural reasons? \***

Yes

No

**Has surrender or re-homing been considered/discussed for behavioural reasons? \***

Yes

No

**Has euthanasia been considered/discussed for behavioural reasons? \***

Yes

No

**How does this patient behave when at the vet clinic? \***

**Is there anything else you would like me to know about this patient, the client, the home, or the situation? \***

**Would you like to discuss this case before I see the client/pet? (If so, please let me know and I will arrange to call you at a mutually convenient time) \***

Yes

No

**Thanks so much!**

If you have questions, please just ask: [linda@inspiringpets.com](mailto:linda@inspiringpets.com) - I shall be happy to help. And, for more info on Inspiring Pet Teaching, please visit [www.inspiringpets.com](http://www.inspiringpets.com), and like/follow our [Facebook page](#).

*This form/web-page & all of its content is intended for the recipient only. It is copyright 2020 Linda Ryan, trading as Inspiring Pet Teaching. Please do not reproduce or share any part of this form or its content. Thank you!*