



## **Referral Form for Animal Behaviour Case**

This form has been adapted and modified from the Companion Animal Behaviour Therapy Study Group and was produced and approved after consultation with the Royal College of Veterinary Surgeons

**Dear veterinary colleague - thank you for referring this case for training and behaviour modification.**

I am happy to collaborate with you and the team in any way that is beneficial for our mutual client, both in my capacity as Veterinary Technician Specialist in Behaviour, ASAB accredited Certified Clinical Animal Behaviourist, and as an RVN. I commit to always seeking input from you as/when appropriate; using only kind, ethical, positive and evidence-based methods of behaviour change; and never outstepping my professional capabilities. I will communicate with you re this case following the first meeting with the client and pet, and continue to update you thereafter. Please do not hesitate to contact me regarding this case.

“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 of referral, please complete the following form. 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.” CABTSG

**Client Name:**

**Client email address:**

**Client address (inc. post code):**

**Client tel: (inc. STD code):**

**Pet’s name:**

**Species/breed:**

**Pet’s age:**

**Pet’s sex (inc.neuter status):**

I ....., the owner of the above named animal, consent to the disclosure of clinical information regarding my pet by my veterinary surgeon for the purposes of referral.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### **FOR VET PRACTICE TO COMPLETE:**

**Referring / Contact Veterinary Surgeon:**

**MRCVS Practice Name:**

**Practice address, inc. post code:**

**Practice tel: (inc. STD code):**

**MRCVS email address:**

**Brief details of behaviour problem, as you understand it:**

**Approx. date behaviour problem first noticed:**

**Are you concerned re aggression posing a safety risk that you feel I should be aware of? **Yes / No****

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 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.*

**Medical history:**

Date of last health check:

Approximate weight, in kg:

I have assessed and ruled out clinical problems relating to the following body systems. Please indicate if there are current or previous health concerns, including related to the following body systems (and attach clinical history details):

- |   |  |
|---|--|
| <input type="checkbox"/> Allergic reactions       | <input type="checkbox"/> Orolaryngeal region |
| <input type="checkbox"/> Cardiovascular system    | <input type="checkbox"/> Respiratory system  |
| <input type="checkbox"/> Endocrine system         | <input type="checkbox"/> Sensory systems     |
| <input type="checkbox"/> Muscular skeletal system | <input type="checkbox"/> Skin and adnexae    |
| <input type="checkbox"/> Nervous system           | <input type="checkbox"/> Urogenital system   |

**Has this patient got any pain, or possible reason to have pain?**

Other - please specify:

Do you consider this patient to have any physical causes or confounders which may impact or influence its behaviour, including that of medication effects? (Please give details)

Has psychotropic medication been considered/prescribed for behavioural reasons?

Has surrender or rehoming been considered/discussed for behavioural reasons?

Has euthanasia been considered/discussed for behavioural reasons?

How does this patient behave when at the vet clinic?

Is there anything else you would like me to know about this patient, or its situation?

Further information attached: **Yes / No** (delete as appropriate) - including summary medical history / medical records, including details of any blood screens, including specific organ function tests and assays, +/- purpose of any general anaesthesia, etc.

Would you like to discuss this case before I see the client/pet? **Yes / No**

(if so, please let me know and I will arrange to call you at a mutually convenient time)

MRCVS signature: \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Linda Ryan BSc (Hons) Animal Behaviour and Welfare VTS (Behaviour, Oncology) DipAVN (Medical) KPA-CTP RVN, CCAB  
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**Inspiring Pet Teaching**