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| **Jenni Nellist: Clinical Animal Behaviourist****07974 569407** [**www.jenninellist.co.uk**](http://www.jenninellist.co.uk)**jenni@jenninellist.co.uk****1 Orchard Close, Port Eynon, Swansea, SA3 1NZ** |
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**Veterinary Referral Form**

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 prescription given.

Referring/contact Veterinary Surgeon: (MRCVS)

Practice name:

Practice address:

Practice telephone number:

Practice email address:

Client name:

Patient name:

Species and breed/type:

Age:

Sex and neuter status:

Client address:

Client telephone number:

Brief details of the behaviour problem and date first noticed:

Has euthanasia been considered? Yes/No

Date of last health check: / /20

Weight (kg):

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

Allergic reactions Y/N

Cardiovascular system Y/N

Endocrinological system Y/N

Musculoskeletal system Y/N

Nervous system Y/N

Orolaryngeal region Y/N

Respiratory system Y/N

Sensory system Y/N

Skin and adnexae Y/N

Urogenital system Y/N

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

Date and purpose of any general anaesthetics:

Summary medical history/records attached (please delete as appropriate)

Further information attached Y/N

I hereby acknowledge my approval for the client described to be referred for management of the current behavioural problem to Jenni Nellist BSc(Hons) MSc

Signed: MRCVS Date: / /20

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

Signed:

Date: / /20