



Veterinary Referral Form

To rule out any physiological causes for the problem behaviour, and per the Code of Conduct of the organisations that I am a member of or affiliated with (FABC, APBC, CCAB), I only work on veterinary referral. To safeguard the welfare of your patient, please examine the patient to investigate potential physiological causes for the behaviour problem/s. So long as physiological causes have been ruled out or addressed, please complete the following form to indicate your approval for your client to be referred for a behaviour consultation.

This form can also be completed online here: <https://form.jotform.com/222966486285067>

Veterinary Surgeon Details

Referring Veterinary Surgeon	
Practice name	
Practice address	
Phone	
Email	

Client Details:

Owner's name	
Pet's name	
Date of last health check	
Address	
Contact details	

Presenting problem	
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Medical History

Please include any relevant medical histories of the animals being referred.

Medical history accompanies this form (Yes/No)	
Medical history supplied by: Email/Post/Phone	

I hereby acknowledge my approval for the client described above to be referred for management, advice and training of the current behaviour problem to Megan Richardson CCAB at 'Pro-Positive Pet Behaviour'.

I confirm that the client has consented to the disclosure of provided clinical information regarding the pet described above for the purpose of this referral.

I understand that Megan Richardson may need to discuss medical or pharmaceutical-related queries with me as part of her work, and this will not be taken as an attempt to diagnose any medical condition.

Signed: _____ MRCVS Date: _____

Once completed, please email this form to pro-positive@outlook.com. If completed electronically without a handwritten signature, this form must be emailed from the referring veterinary surgeon or referring veterinary practice.

