



Veterinary Referral Form

In order to rule out any physiological causes for the problem behaviour and in accordance with the Fellowship of Animal Behaviour Clinicians Code of Conduct, I only work on veterinary referral. In order 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.

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	



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 at 'Pro-Positive Pet Behaviour & Training'.

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

I understand that Megan Richardson may need to discuss medical or pharmaceutical related queries with myself during the course 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.