



VETERINARY REFERRAL FORM

Behaviour problems may arise both directly and indirectly as a result of concurrent or previous medical conditions. Veterinary involvement is therefore essential to diagnose any causes of, or contribution to, the problem that might require veterinary treatment. Such treatment may be prior to or alongside behaviour modification for any given case. In order to safeguard the welfare of your patient and indicate your approval for referral, please complete the following form.

VETERINARY SURGEON'S DETAILS

Referring Veterinarian's Name	
Practice Name & Address	
Practice Tel No.	
Email	

CLIENT'S DETAILS

Name	
Address	
Tel No.	
Email	

DOG'S DETAILS

Name	
Age & gender	

Breed & weight	
Neuter status and date of neutering (if applicable)	
Is the dog currently on any medication?	
Are there any current or previous medical problems that you believe could affect his/her behaviour?	

Please attach any relevant medical history and return everything to me via email at info@planet-dog.co.uk; alternatively, please give the documents to your client to return to me.

I hereby acknowledge my approval for the client described above to be referred to Georgina MacArthur of Planet Dog Training & Behaviour for management, training and/or behavioural therapy regarding the current problem.

Signed: _____

Date: _____

I, _____, the owner/person with full legal responsibility of the above named dog, consent to the disclosure of clinical information regarding this dog by my veterinary surgeon for the purposes of behavioural therapy. I hereby authorise my veterinarian and behaviourist to disclose details about and discuss this case.

Signed: _____

Date: _____

Behaviourist's Details

Georgina MacArthur IMDT, A.Dip CBM

Planet Dog Training & Behaviour

07391 758696

info@planet-dog.co.uk

www.planet-dog.co.uk