

Certification of Approval for an Animal Behaviourist Referral

Behaviour problems may arise both directly and indirectly as a result of concurrent or previous medical problems. Veterinary involvement is therefore essential in eliminating potential medical causes of the problem and prioritising the diagnostic and treatment strategy to be used in any given case.

In order to certify your approval for the client listed below to be referred to an animal behaviourist, please complete the following form and return it to Inquisitiv Pets with their pet(s) medical history. The form can be returned to Steph via this email address (steph@inquisitivpets.co.uk). As Inquisitiv Pets works on vet referral for behavioural consultations only, clients without a returned referral form and medical history will not be seen.

I hereby certify my approval for the client described below to be referred for management and training for the below behaviour problem to Inquisitiv Pets.

Client and Patient Details

Owner's Name:

Patient's Name:

Age:

Species:

Breed:

Sex inc. neuter status:

Date of Neutering:

Details of presenting behavioural problem:

Are you aware if the owner is considering rehoming and/or euthanasia in this case:

Medical History Details

Date of last health check:

Weight: **Kg**

Are you able to clinically examine the patient without showing signs of discomfort or distress (e.g. aggression, avoidance, etc.):

Please indicate if there are any current medical problems (e.g. orthopaedic, dental, endocrine):

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Details of any ongoing medical conditions or treatments:

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Vet contact details

Contact Veterinary Surgeon:

Practise Name:

Address:

Post code:

Tel:

Email:

PLEASE ATTACH A FULL MEDICAL HISTORY AND ANY LABORATORY TEST RESULTS WITH THIS REFERRAL

Signed:

F/MRCVS

Date:

Please note: We can only accept this referral and form if it is signed. We do accept electronic signatures. Once signed this form can be scanned and emailed to us.

Please email this form to: steph@inquisitivpets.co.uk