



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, we only work on veterinary referral. Please take this form to your vet and ask them to look at your pet and fill the form in. You will need to bring it to the consultation, together with any records that your vet may like to provide. Alternatively, your vet may like to email, fax (0844 358 3201), or post their records direct to us. They can also fill in their referral online through our web site.

Client's Name			
Pet's Name			
Client's Contact Details			
Referring Veterinary Surgeon			
Practice Address			
Nature of Problem			
Medical history accompanies this slip		Medical history supplied by phone /fax /post /email	
Signed MRCVS			