

Canine Behaviour Consultation

Veterinary Referral Form

Client Details

Dog's Name: Breed:

Dog's Age: Male Female Neutered: Y N

Brief description of presenting problem:

Owner's Name: Email:

Tel No: Address:

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

Signed (Owner): Date:

Veterinary Surgeon Details

Referring Veterinary Surgeon: MRCVS

Practice Name:

Practice address:

Practice tel no: Practice/Vet email:

I acknowledge my consent for the above client and patient to be referred to Lucy Daniels (Clinical Animal Behaviourist) for behavioural treatment, management and/or training.

Signed (Veterinary Surgeon): Date:

Please tick to confirm : medical history supplied (accompanying this form):

Please return completed and signed form to: owner or email to: danielsdogsuk@gmail.com

Lucy Daniels is a Clinical Animal Behaviourist registered with the Animal Behaviour and Training Council, a full member of the Association of Pet Behaviour Counsellors and pre-certified member of the Fellowship of Animal Behaviour Clinicians.