

# Behaviour Form For Animal Behaviour Case



**Please note that you, as the client's normal veterinary surgeon, remain responsible for the treatment, advice and any prescriptions given.**

Practice Name:

Referring / Contact Veterinary Surgeon:

Address (inc. postcode):

Tel:

Fax:

Email:

Client Name:

Patient Name:

Species & Breed:

Age & Sex (inc. neuter status):

Address (inc. postcode):

Tel:

Email:

Brief details of behaviour problem:

Date first noticed:

Has euthanasia been considered?:

I hereby acknowledge my approval for the client described overleaf to be referred for management of the current behaviour problem to:

Referral Practice Name:



Summary medical history / medical records attached (delete as appropriate).

Further information attached.

Signed:

Date:

I,  
the owner of the above named animal consent to the disclosure of clinical information regarding my pet  
by my veterinary surgeon for the purposes of referral.

Signed:

Date: