

Behaviour referral



Fellowship of Animal Behaviour Clinicians
www.fabclinicians.org

Animal(s) Details

Routine Urgent

Note often other animals in the home can influence the reported behaviour problem; so referral of all animals may be needed.

Owner(s) Name :

Pet(s) Name : Age Sex Neutered

Address :

Telephone : Email :

Behaviour Problem

Brief description of the problem and any relevant history.

Has the owner mentioned any of the following? Very poor animal /owner welfare Unmanageable risks Considering rehoming /PTS

Veterinary Practice Details

Practice Name :

Address :

Telephone : Email :

I confirm my client has consented to the disclosure of clinical data of the above named animal(s) for the purposes of referral or delegation of the management of the behaviour problem. I understand that as the primary veterinary surgeon, I maintain oversight of the care of the above named animal(s), but I can only ever make a behaviour referral or delegation in good faith.

I give my consent for this case to be observed as a mentoring opportunity for Candidate Members to gain clinical experience, where Candidates may observe or lead the case under the guidance of a Certificated Member.

Please attach full clinical history and relevant lab results of animal(s):

Emailed Posted Faxed

FAB Clinicians Member Name

Certificated **Candidate**

Referring Vet's Name:

Signature (MRCVS)

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