



Potter House Vets

Behaviour Referral

Emily Cooper

MSc Bsc Pre-Certificated Clinical Animal Behaviourist

Potter House Vets, Upholland, WN8 0AG

01695 572837

emcbehaviour@gmail.com

ANIMAL DETAILS:

Pet Name: Breed:

Age: Sex: Neuter Status:

CLIENT DETAILS:

Owner(s) Name:

Address:

Email: Telephone:

BEHAVIOUR PROBLEM:

Brief description of the problem

Has the animal ever bitten another person/animal? Does the animal wear a muzzle?

REFERRING VET PRACTICE DETAILS:

Veterinary Practice:

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). I agree that as part of the referral that veterinary surgeons at Potter House Vets may be required for pain/health assessments and to prescribe medication as an adjunct to a behavioural modification plan.

I give my consent for this case to be referred to a Non-Vet Pre-Certificated Clinical Animal Behaviourist progressing towards full CCAB certification.

Referring Vet's Name: Signature (MRCVS): Date:

Please attach a full clinical history to this form once complete.