



**Veterinary Referral Form - Behaviour Cases**

Current and previous medical conditions and treatments may contribute directly or indirectly to the development of behaviour problems. For this reason veterinary involvement is crucial to eliminate organic causes to enable behaviour modification, and to ensure I have the whole picture when it comes to working with individuals. Working together to cover all bases is vital for overall success. Please complete and sign this form to confirm your referral to We Teach Pets.

Client Name:.....Contact No:.....

Patient Information:

Name:..... Species/Breed:.....Age:.....

Sex:..... Neutered: Yes / No If yes, at what age.....

Reason for Referral:.....

<p>Veterinary Information (to be completed by referring vet):</p> <p>Veterinary Surgeon:.....</p> <p>Practice Name: ..... Phone Number:.....</p> <p>Address:.....</p> <p>Email (for report):.....</p> <p>Date of pet's last health check:.....</p> <p>Any relevant medical information (please attach additional info as appropriate):</p> <p>.....</p> <p>.....</p> <p><b>I hereby acknowledge my approval for the above client and pet to be referred to We Teach Pets</b></p> <p>Signed:..... Date:.....</p>
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