



Kats & Dogs Training and Behavioural Services
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Veterinary Referral Form: Pet Behaviour

Referring Veterinary Surgeon: _____ MRCVS

Practice Name: _____

Address: _____

Tel No: _____ Email: _____

Brief details of behaviour problem: _____ Date first evident: ___ / ___ / ___

Clinical history - please provide via email if possible to advice@katsanddogs.co.uk

Client Details

Name: _____

Address: _____

Tel no(s): _____

Patient name: _____ Species / Breed: _____

Patient age: _____ Sex: male female Neutered: yes no

Following a full clinical examination, to the best of my knowledge and belief, there is no underlying medical condition which may be contributing to the behavioural issues which are detailed above. I therefore provide my approval for the above client and patient to be referred to Kat PollockSmith for a companion animal behaviour assessment. I understand a copy of the full report, detailing the assessment and treatment plan, will be sent to me within approximately 10 days of the consultation. This will exclude private or sensitive information concerning the client.

Signed (Veterinary Surgeon): _____ Date: _____

Please Print Name in CAPS _____