



BEHAVIOURAL FORM FOR CANINE BEHAVIOUR CASES

Behavioural challenges in dogs can often be linked to underlying or historical medical conditions. For this reason, veterinary assessment is vital to rule out any physical causes and to help guide the most appropriate diagnostic and treatment plan for each individual case. To support your patient's welfare and confirm your consent for behaviourist involvement, please complete the form below.

Please be aware that you, as the client's primary veterinary surgeon, retain responsibility for all medical advice and any prescriptions provided.

Referring/contact Veterinary Surgeon	
Practice name	
Practice Address (including postcode)	
Telephone	
Email	
Client name	
Patient name	
Breed	
Age and Sex (including neuter status)	
Address (including postcode)	

Telephone	
Email	
Brief details of the behaviour problem	
Date behaviour first noticed	

Medical History

Date of last health check	
Weight	
Please indicate if there are any previously resolved health problems.	
Have any blood screens been performed including specific organ function tests?	
Details of any ongoing medical conditions or treatments.	

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

**Esme Bishop, BSc, Pre-Cert CCAB
Animal Behaviourist (Dog)**

Signed:

MRCVS

Date:

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

Signed:

Date:

Please scan the completed form and email to furfit.info@gmail.com

Alternatively, it can be posted to:

Esme Bishop
13 Woodfield Road
Harrogate
HG1 4LN

Esme Bishop
Email: furfit.info@gmail.com
Web: www.furfit.info
Tel: 07563 664208