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Veterinary Referral Form for Behavioural Consultation

Behavioural problems can be associated with current or previous medical conditions and require veterinary involvement. Please indicate your approval for the referral of your patient for a behavioural consultation(s) by completing the form below. As a non-veterinarian, the behavioural consultation will not involve diagnosis or statements on medical conditions.

Details: Veterinary Surgeon

- Referring Veterinarian:
- Clinic Name and Address:
- Phone:
- Email:

Details: Client

- Owner's name:
- Dog's name:
- Breed: Age:
- Neuter Status:
- Date of last health check:
- Presenting Problem(s)

Veterinary Consent

I consent to the above client being referred for management, training and/or behavioural consultation regarding the current behavioural problem to Rachel Johnston (Behaviour Lens). As the veterinary surgeon, I will provide the patient's medical history to assist with the behavioural consultation. Medical history may be provided by email or phone discussion.

Sex:

Signature and Date: (Veterinarian).....

Owner Consent

As the owner/pet parent with legal responsibility for the above animal, I consent to my veterinary surgeon providing clinical information for the purpose of behavioural therapy. I also acknowledge that the veterinarian and behaviourist may discuss details of my pet's behaviour and behavioural history.

Signature and Date: (Client).....