



Lynne Hockney
Accredited Canine Behaviourist
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Veterinary Referral Form

Behaviour issues in dogs can be complex in nature and in some cases might be directly or indirectly related to present or past medical ailments. It is therefore essential that any animal displaying signs of a behavioural problem have a preliminary veterinary exam. This is to check for any organic factors, which may be causing or exacerbating the behaviour problem. Further correspondence with the referring veterinary surgeon may be required if behaviour medication would be beneficial to the support plan or if further diagnostic tests are necessary.

Client Name: _____ **Dog Name:** _____

Dog Age: _____ Sex: M/F _____ Neutered: Yes/No

Client Address: _____

Brief Outline of the Behaviour Issue: _____

Date first evident: _____

Veterinary Surgeon: _____ **MRCVS**

Practice Name & Address: _____

Practice Telephone Number: _____

Practice Email Address: _____

I acknowledge my approval for the above client and patient to be referred to Lynne Hockney with regard to behavioural issues.

Signed (Veterinary Surgeon): _____ **Date:** _____

Please tick here to confirm: medical history supplied (accompanying this form)

I, the legal owner, consent to the disclosure of my dog's clinical history by my veterinary surgeon to Lynne Hockney, for the purposes of behaviour therapy. I hereby authorise my veterinary surgeon and behaviourist to disclose details about and to discuss this case.

Signed (Owner): _____ **Date:** _____