



Behaviour Referral Request

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RCVS Advanced Practitioner in Companion Animal Behaviour

Urgent? YES / NO

Date:.....

Surname:.....

Address:

Animal Name:.....

Breed:

Age/Gender:.....

Contact Details for owner:.....

Brief history/description of problem:.....

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To your knowledge, could there be any medical reason for this behaviour?.....

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Does the owner give consent to be referred for a behavioural consultation? YES / NO

Is the animal insured? YES / NO

Has euthanasia been considered? YES / NO

Referring vet:.....

Contact email/phone:.....

Please attach a copy of the full veterinary history.