

CAT BEHAVIOUR VET

catbehaviourvet.com

VET REFERRAL FORM

Please email completed form together with a full medical history (including blood, urine or other results) to: **madeleine@catbehaviourvet.com** If other pets live in the household please also send their medical histories as these can sometimes be relevant to the case.

Please ensure that you have the client's full consent for providing me with this information as part of a veterinary referral.

Owner details

Name	
Address	
Telephone	
Email	

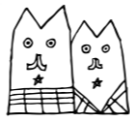
Details of cat being referred

Name	
Age	
Breed	
Neuter status	
Weight	
Date last examined	

Referring veterinary surgeon

Name and qualifications	
Practice name	
Address	
Telephone	
Email	

What is your preferred contact method/time? _____



CAT BEHAVIOUR VET

catbehaviourvet.com

Please read the following statements and tick the box to confirm that you have read and agree with them:

- I confirm that I am a Veterinary Surgeon and that this patient is under my care.
- I understand that the patient will remain under my care throughout the period of treatment with Cat Behaviour Vet for all conditions except behavioural management.
- I confirm that as per the RCVS Code of Conduct for Veterinary Surgeons I give my approval for the client and cat described above to be referred for behavioural assessment and treatment to Madeleine Totham BSc(Hons) MA BVetMed(Hons) ADipFBM GDipAAB MRCVS.
- In line with the RCVS guidelines, I confirm (as the primary vet to the patient I am referring), that we take responsibility either ourselves as the veterinary practice or via our out-of-hours primary care provider, that 24 hour care will be available for a physical exam should the patient need it.
- I confirm that the above named client has given permission for their contact details and medical history for their cat/s to be shared with Dr Madeleine Totham MRCVS (of *Cat Behaviour Vet/Sowerberry Vets Ltd*) for the purposes of assessing and managing the named behavioural issues.
- I confirm that I am happy for the case to be discussed with other veterinary surgeons or clinical animal behaviourists if it is deemed useful for the case.

Please give a brief description of the behavioural issue that you are referring the cat for:

When was this first noted?

Are there any safety concerns due to aggression in this case?

--

Does the patient have any ongoing medical conditions?

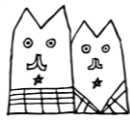
--

Is the patient currently receiving any prescribed medication from yourselves (except flea/worming treatments)? Please give names and doses of any medications.

--

What medical investigations related to this problem have been carried out?

--



CAT BEHAVIOUR VET

catbehaviourvet.com

**Do you feel that pain could be a component of the behavioural problem?
Please give details if so.**

Has psychotropic medication been considered or used in this case? Please give details.

**Do you consent to the discussion of psychotropic medications, if appropriate for the case, and for the prescription of such medications to be delegated to you as the referring veterinary surgeon?
YES/NO**

Has rehoming or euthanasia been discussed in this case? Please give details if so.

Are there any other relevant details that you would like to share?

**Do you wish to discuss the case prior to the referral?
YES/NO**

Please note owners are advised that for ongoing veterinary care and in case of emergencies to continue to contact the veterinary practice at which the cat is registered.

Signed (referring veterinary surgeon):

Date:

Following the consultation a behaviour report and summary of any recommendations made will be emailed to you (usually within a week). If you would like to discuss any aspect of the case further please feel free to contact me at madeleine@catbehaviourvet.com