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**Veterinary Referral Letter**

To whom it may concern,

Behaviour problems may be linked directly or indirectly as a result of concurrent or previous medical problems. Veterinary involvement is therefore essential in eliminating or managing organic causes of the problem and prioritising the diagnostic and treatment strategy to be used in any given case.

In order to safeguard the welfare of your patient and indicate your approval of referral, please complete the following form..

Please note that as the client's normal veterinary surgeon, you remain responsible for the treatment, advice and any prescriptions given.  
  
Kind regards  
  
Clair Litster-Huckle BSc (hons)  
Dog Trainer and Behaviourist

Referring/Contact Veterinary

Surgeon……………..………………….......................................MRCVS

Practice Name……………………………………………………………………………...............................

Address…………………………………………………………………………………………………................................................…………………………………………………………………………………………..

……………………………………………………………………………………............................................

Post Code …………………………......................……… Tel:..……….................……............................

Client Name …………………………….......................... Dog's Name…................…………………......

Address ……………………………………………………. Breed...……...................................................

....................................................................................... Age.…………………………………………….. .……………………………………………………………… Sex (inc. neuter status)……………………….

Post Code .………………………….....… Tel: ……………………................................………………….

Email …………....................................…………………………………………........................................

BRIEF DESCRIPTION OF THE BEHAVIOUR PROBLEM:

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Date first noticed? ................... Has euthanasia or re-homing been considered? ................................

MEDICAL HISTORY:

Date of last health check …………………………… Weight ………………………...kg

Brief details and dates of any previous or ongoing medical conditions or treatments (no need to

complete if relevant medical records attached).

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Medical History attached Yes / No

Please indicate how you would prefer the behaviour report to be delivered to you:

Hard Copy by Post / Electronic Copy by email

Email: …………………………………………….................................................…………………………………

I hereby acknowledge my approval for the client described overleaf to be referred to:

Clair Litster-Huckle BSc (Hons),

Tel: 07979 59513

email: [clair@bristoldogschool.co.uk](mailto:clair@bristoldogschool.co.uk)

Signed ………………………….......................……………MRCVS

Date …………………………….................………………..

I ……………………………………………………………….. the owner of the dog named overleaf consent to the disclosure of clinical information regarding my pet for the purposes of referral.

Signed……………………………………...........................……………