Emily Smith
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Veterinary Behaviourist

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CANINE PLUS

Veterinary Referral Form

Please send completed forms to info@emilysmithbehaviourplus.com

Please tick this box if this case requires **urgent** attention ☐

Owner's Details

Name: ……...

Address:……
……...……
……...……
…… Postcode……

Mobile Tel no: ……...……...

Home Tel no: ……

Email: ……...

Animal's Details

Name: ……...

Age: Years …….. Months …….

Species: …….

Breed: ……...

Sex: ……

Neutered: Yes/No ……..

Multi Animal Household: Yes/No: …….

Presenting Complaint

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Referring Veterinary Surgeon

Vet Name: …….

I confirm that the owner of the animal(s) hereby referred consents to the disclosure of clinical information held by the practice. ☐

Vet Signature: ……...

Veterinary Practice: ……..

Practice Address: ……..
……...
...……
……. Postcode……...

Tel no: ……...

Email Address :
……...

Medical History

Full clinical History:

Attached ☐ To follow ☐ Not relevant ☐

Date of last health check: …….

Weight: ……kg

Is the patient examinable? ……

Please indicate any current health problems/medications:
……
……
……
……
……

If you wish to discuss this case, please call on 07914607161

We will endeavour to make initial contact with the owner within one week of receipt of this form. If you tick the box to state that the case is urgent, we will contact the owner within 24hours.