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Behaviour problems may arise both directly and indirectly as a result of concurrent or previous medical problems. Veterinary involvement is therefore essential in eliminating 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 until a case is released to another veterinary surgeon then you, as the client's normal veterinary surgeon, remain responsible for the treatment, advice and any prescriptions given.

Referring / Contact Veterinary Surgeon _____ MRCVS

Practice Name _____

Address: _____

Tel: (inc. STD code) _____

Fax: _____

Post Code _____

Client Name: _____

Patient name _____

Species/breed _____

Age _____ Sex (inc.neuter status) _____

Address: _____

Tel: (inc. STD code) _____

Post Code _____

Brief details of behaviour problem

Date first noticed ___/___/___

Has euthanasia been considered? _____

I hereby acknowledge my approval for the client described overleaf to be referred for management of the current behaviour problem to:

Referral Practice Name: _____

Case reference number _____

Medical history:

Date of last health check ___/___/___

Weight _____ Kg

Please indicate if there are current or previous health problems concerning the following and attach appropriate details:

- | | |
|---|--|
| <input type="checkbox"/> Allergic reactions | <input type="checkbox"/> Orolaryngeal region |
| <input type="checkbox"/> Cardiovascular system | <input type="checkbox"/> Respiratory system |
| <input type="checkbox"/> Endocrinological system | <input type="checkbox"/> Sensory systems |
| <input type="checkbox"/> Muscular skeletal system | <input type="checkbox"/> Skin and adnexae |
| <input type="checkbox"/> Nervous system | <input type="checkbox"/> Urogenital system |

Please provide details of any blood screens performed including specific organ function tests and assays

Date and purpose of any general anaesthetics

Details of any ongoing medical conditions or treatments

Summary medical history / medical records attached (delete as appropriate)

Further information attached Yes / No

Signed: _____ MRCVS

Date ___/___/___

I, the owner of the above named animal, consent to the disclosure of clinical information regarding my pet by my veterinary surgeon for the purposes of referral.

Signed _____

Date ___/___/___