Blackthorn Dog Training

1 Abertanat Cottage, Llanyblodwel, Oswestry, Shropshire SY10 8NA
Tel: 01691 828033

Date:

Dear Sir/Madam,

VETERINARY REFERRAL FORM FOR BEHAVIOUR MANAGEMENT

Section One

The person handing you this form has approached Blackthorn Dog Training with respect to a Behaviour Consultation for their dog.

Dogs Name Breed Age

The owner explains the problem behaviour as follows :-

Signature of owner:_____

Please would you examine the dog with a view to excluding any medical reasons for the dog displaying this behaviour. I can confirm that only kind & non-aversive techniques are used during any rehabilitation programme. Please complete Section Two below.

Thank you for your co-operation.

Sue Leech A.P.D.T. 00424 (OCN)

Section Two

I have examined the above named dog and confirm that, at the time of examination, I could find no medical reason why he/she cannot be seen with regard to management of the above behaviour.

Previous medical history that you may need to be aware of *(use separate sheet if needed)*

Veterinary Practice Details/Office Stamp

Signed:_____MRCVS Date : _____