

Jo Churlish

ANIMAL BEHAVIOUR & TRAINING

Veterinary Surgery Pet Behaviour Modification Referral Form

Veterinary Surgeon (Print Name)	
Practice Name and Address	

Have you examined the pet named below in the last 6 months? YES NO

Has the owner of the pet discussed the presenting behaviour problem with you? YES NO

Would you like the owner to arrange an appointment with Jo Churlish? YES NO

Signature of Veterinary Surgeon.....

Owner's Name
Owner's Address
Post Code
Telephone Number

Pet's Name	Age / d.o.b.
Breed	Species
<input type="checkbox"/> Male <input type="checkbox"/> Female Neutered? <input type="checkbox"/> No <input type="checkbox"/> Yes - Age when neutered	

<u>Details of relevant medical history & present treatment/medication</u>
Further information attached? <input type="checkbox"/> YES <input type="checkbox"/> NO

<u>Brief details of the presenting Behaviour Problem</u>	Date first noticed _____/_____/_____
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Additional Notes:

Please complete this form and send to the address below

Jo Churlish Animal Behaviour & Training 9 Eldon Close Langley Park Durham DH7 9FR
Tel: 0191-3731185
www.ic-pets.com