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**Client Details**

Name -

Address -

Phone number - Email address -

**Patient Details**

Dog’s name - Dog’s age - Male/Female –

Neutered/Entire -

A brief outline of the issue(s) if you have seen the patient for behaviour issues –

Is this a self-referral? Yes/No

If you have not seen the patient for behaviour issues, are you are happy for them to be referred to Karen Bachell? Yes/No

**Veterinary Practice Details**

Referring Veterinary Surgeon -

Practice name - Address -

Phone number - Practice/Vet email -

I acknowledge my consent for the above client and patient to be referred to Karen Bachell for help with training/behavioural issues.

Signed (Veterinary Surgeon) -

Date -