



# VETERINARY REFERRAL FORM

Contented Canines with Carole Valentine

Canine Behaviourist and Trainer



## YOUR CONTACT INFORMATION

Name  Phone no.

Address

Email

## YOUR DOG'S DETAILS

Name  Breed

Sex: Male  Female  Neutered No  Yes  Age

Please tick to confirm you give your consent for your pet's clinical data to be shared with Contented Canines for the purposes of behavioural treatment

## VETERINARY INFORMATION

Vet's Name  Phone no.

Practice name and address

Email

## Nature of behaviour problem:

## Any relevant medical conditions/treatments?

Please tick to confirm clinical history attached:

*I hereby acknowledge my approval for the client and dog named above to be referred to Contented Canines for management of the current behaviour problem/s*

Veterinary surgeon's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed and signed form along with the clinical history to  
hello@contentedcanines.scot

