



Veterinary Referral Form

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 or delegation to Second Nature Behaviour, please complete the following form. This form and clinical records may be completed through our web site, posted, emailed or faxed (**0121 281 2225**) to us.

Multiple Animals within home: If there are multiple animals in the household, they must all be included in this referral, as they often impact each other's behaviour. However, please do indicate the animal with the main issue.

Initial & Ongoing Work-up: Ideally, pets should have routine biochemistry and haematology screening in addition to basic urinalysis prior to behavioural referral. However, for many of our patients, these investigations can be highly stressful, so a risk-benefit analysis should be undertaken. Regular physical and laboratory monitoring plays a vital role in ensuring both the safety and effectiveness of behavioural pharmacotherapy. So we recommend that, where possible, our patients have physical check-ups every 6 months and blood screening and urinalysis every 12 months whilst on behavioural medications. These recommendations should be adapted to each patient's medical history, age, and medication profile, and developed in collaboration with one of our Veterinary Behaviourists.

VB or CAB: Cases may be led by a Veterinary Behaviourist (VB) or a (non-vet) Clinical Animal Behaviourist (CAB), dependent upon case needs, so please indicate your preference below. A VB would be more appropriate where medical causes for unwanted behaviour cannot be eliminated or addressed by the Referring Vet, the ability to oversee the prescription of psychoactive medications is not available within the Referring Veterinary team, or there are complex medical and behaviour co-morbidities.

Prescriptions & OOH Care: 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 and any prescriptions given. By signing this form, you agree that any prescription of medication and provision of 24-7 emergency care remains the responsibility of the referring veterinary practice.

Remote VB Advice: Remote advice for the case may need to be sought from a Veterinary Behaviourist. This is on the understanding that the Veterinary Behaviourist will be remote from the patient and will not be able to perform a physical clinical exam, so the Veterinary Behaviourist cannot provide a diagnosis, but they can provide advice to the Referring Vet about treatment or further investigations relevant to the case. Second Nature Behaviour will then implement the advice according to your instruction and report back to you on the outcome. If you do not wish remote VB advice to be sought, please indicate this below.

Student Involvement: As Second Nature Behaviour are active in the training of behaviourists working towards independent accreditation, pet behaviour students may sit in on your patient's consultation, or advanced students may lead the consultation under the direct supervision of one of our senior behaviourists. All students sign strict confidentiality agreements and are appropriately insured. If you would prefer your client not to be offered a student consultation, please let us know in the form below.

Second Nature Behaviour Ltd

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Client's Name			
Pet(s) Name(s)			
Client's Contact Details			
Referring Veterinary Surgeon			
Practice Contact Details			
Nature of Problem			
Who is required to lead the case?	Veterinary Behaviourist	Clinical Animal Behaviourist	Either
Consent for students to sit in or lead the consultation under supervision?	Yes / No	Consent for remote involvement of a Veterinary Behaviourist when required?	Yes / No
Medical history accompanies this slip		Medical history supplied by phone /fax /post /email	
Relevant medical history notes			
Signed MRCVS			