**VET REFERRAL FORM – MULTIPLE CATS**

Please email completed form together with a full medical history (including blood, urine or other results) to: madeleine@catbehaviourvet.com If other pets live in the household please also send their medical histories as these can sometimes be relevant to the case.

**Please ensure that you have the client’s full consent for providing me with this information as part of a veterinary referral.**

**Owner details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |

**Details of cat being referred**

|  |  |
| --- | --- |
| Name |  |
| Age |  |
| Breed |  |
| Neuter status |  |
| Weight |  |
| Date last examined |  |

**Details of cat being referred**

|  |  |
| --- | --- |
| Name |  |
| Age |  |
| Breed |  |
| Neuter status |  |
| Weight |  |
| Date last examined |  |

**Details of cat being referred**

|  |  |
| --- | --- |
| Name |  |
| Age |  |
| Breed |  |
| Neuter status |  |
| Weight |  |
| Date last examined |  |

**Details of cat being referred**

|  |  |
| --- | --- |
| Name |  |
| Age |  |
| Breed |  |
| Neuter status |  |
| Weight |  |
| Date last examined |  |

**Details of cat being referred**

|  |  |
| --- | --- |
| Name |  |
| Age |  |
| Breed |  |
| Neuter status |  |
| Weight |  |
| Date last examined |  |

**Details of cat being referred**

|  |  |
| --- | --- |
| Name |  |
| Age |  |
| Breed |  |
| Neuter status |  |
| Weight |  |
| Date last examined |  |

**Referring veterinary surgeon**

|  |  |
| --- | --- |
| Name and qualifications |  |
| Practice name |  |
| Address |  |
| Telephone |  |
| Email |  |

What is your preferred contact method/time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that I am a Veterinary Surgeon and that these patients are under my care.

I understand that the patients will remain under my care throughout the period of treatment with Cat Behaviour Vet for all conditions except behavioural management.

I confirm that as per the RCVS Code of Conduct for Veterinary Surgeons I give my approval for the client and cats described above to be referred for behavioural assessment and treatment to Madeleine Totham BSc(Hons) MA BVetMed(Hons) ADipFBM GDipAAB MRCVS.

In line with the RCVS guidelines, I confirm (as the primary vet to the patient I am referring), that we take responsibility either ourselves as the veterinary practice or via our out-of-hours primary care provider, that 24 hour care will be available for a physical exam should the patient need it.

I confirm that the above named client has given permission for their contact details and medical history for their cat/s to be shared with Dr Madeleine Totham MRCVS (of *Cat Behaviour Vet/Sowerberry Vets Ltd*) for the purposes of assessing and managing the named behavioural issues.

I confirm that I am happy for the case to be discussed with other veterinary surgeons or clinical animal behaviourists if it is deemed useful for the case.

**Please give a brief description of the behavioural issue that you are referring the cats for:**

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|  |
| When was this first noted? |

**Are there any safety concerns due to aggression in this case?**

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| --- |
|  |

**Do any of the patients have any ongoing medical conditions?**

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|  |

**Are any of the patients currently receiving any prescribed medication from yourselves (except flea/worming treatments)? Please give names and doses of any medications.**

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|  |

**What medical investigations related to this problem have been carried out?**

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**Do you feel that pain could be a component of the behavioural problem for any of the cats?**

**Please give details if so.**

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**Has psychotropic medication been considered or used in this case? Please give details.**

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**Do you consent to the discussion of psychotropic medications, if appropriate for the case, and for the prescription of such medications to be delegated to you as the referring veterinary surgeon?**

**YES/NO**

**Has rehoming or euthanasia been discussed in this case? Please give details if so.**

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**Are there any other relevant details that you would like to share?**

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|  |

**Do you wish to discuss the case prior to the referral?**

**YES/NO**

I confirm that the above named client has given permission for their contact details and medical history for their cat/s to be shared with Dr Madeleine Totham MRCVS (of *Cat Behaviour Vet/Sowerberry Vets Ltd*) for the purposes of assessing and managing the above behavioural issue and that I give approval for the cat/s to be referred to her.  **YES/NO**

**Please note owners are advised that for ongoing veterinary care and in case of emergencies to continue to contact the veterinary practice at which the cat is registered (or their out-of-hours provider).**

**Signed (referring veterinary surgeon):**

**Date:**

Following the consultation a behaviour report and summary of any recommendations made will be emailed to you (usually within a week). If you would like to discuss any aspect of the case further please feel free to contact me at madeleine@catbehaviourvet.com