



**Carrie-Anne New**, BSc (Hons), MAPDT (01333)  
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## Veterinary Referral Form

Please ask your veterinary surgeon to complete and sign this form in order for a behaviour consultation appointment to be made. The completed form can be returned to Carrie-Anne via post or e-mail using the address/e-mail above. Please use separate forms for each animal being referred.

### Client Details

Owner name/s: \_\_\_\_\_

### Details of Animal

Name of Animal: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Species: \_\_\_\_\_ Breed/Type: \_\_\_\_\_

### Details of Referring Vet

Referring Vet: \_\_\_\_\_ Contact Tel: \_\_\_\_\_

Practice Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

## DECLARATION

### Veterinary surgeon

I, \_\_\_\_\_ (MRCVS), approve for the client named above to be referred to Carrie-Anne New for management of the presenting behaviour problem/s.

Signed: \_\_\_\_\_ MRCVS Date: \_\_\_\_\_

### Client

I, \_\_\_\_\_ the owner of the animal named above, consent to the disclosure of relevant clinical information between the veterinary surgeon named above and Carrie-Anne New, for the purposes of the referral.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please ensure the following have also been completed:

- The animal named above has had a recent and full health check within the last four weeks.
- The full medical history has been e-mailed to Carrie-Anne on [trickypawsuk@gmail.com](mailto:trickypawsuk@gmail.com) (password protected if possible).