

REFERRAL FORM FOR BEHAVIOURAL THERAPY

Your local therapist is: Lisa Graham Vet. Tech, Dip. A.Physiotherapy, FdSc, IAAT, UKRCB, ABTC

Referring Veterinary Surgeon _____ MRCVS

Practice Name			<i>Practice Stamp</i>
Address			
Phone #		Fax #:	
Email			

Client Name	
Address	
Post Code	
Phone #	
Patient Name	

Please attach a medical history

This animal is a patient under my care and has received a full medical health check and examination, and is in my opinion fit to undergo behavioural therapy. I authorise such therapy for my patient to be carried out by Lisa Graham Vet. Tech, Dip. APhysio, FdSc, IAAT, UKRCB, ABTC

Signed _____ MRCVS Date _____

I _____ the owner of the above named animal; consent to the disclosure of clinical information regarding my pet by the veterinary surgeon for the purposes of referral

Signed _____ Date _____