



Veterinary Referral/Consent Form

Client Details

Name _____

Address _____

Phone number _____ Email address _____

Preferred method of contact phone email

Patient Details

Dog's name _____ Dog's age _____

Sex male female Neutered yes no

Brief outline of issue _____

_____ Date first evident _____

Veterinary Practice Details

Referring Veterinary Surgeon _____

Practice name _____

Address _____

Phone number _____ Practice/Vet email _____

I acknowledge my consent for the above client and patient to be referred to Karen Bachell with regards to training/behavioural issues.

Signed (Veterinary Surgeon) _____

Date _____

Please return this form to karen@karensdogs.co.uk, along with a full clinical history.