



Paws4teaching  
Fairacre, West Hatch,  
Taunton, TA3 5RJ  
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## Veterinary Behaviour Referral

Client Name \_\_\_\_\_

Dog Name \_\_\_\_\_

### MEDICAL HISTORY

Date of last health check \_\_\_\_\_

Briefly describe the animal's overall health profile

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Briefly provide details of any ongoing medical problem and/or treatments

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Please provide any details regarding clinical tests performed and the outcome of these

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I approve for the client detailed above to be referred to Paws4teaching for management of the current behaviour problem

Name & Practice \_\_\_\_\_

Signed \_\_\_\_\_ MRCVS

Date \_\_\_\_\_