



Referring veterinarian: please complete this form and email to vmc.behaviour@usask.ca at least four days before your client's scheduled appointment.

GENERAL INFORMATION

Date: _____

Referring veterinarian's name:

Referring clinic:

Phone number: _____

Email (to send case summary):

PET INFORMATION

Pet's name: _____

Owner's name _____

BEHAVIOURAL HISTORY

This section provides general information on your dog's environment and routine.

Please describe the presenting behavioural complaint(s):

Have you given any behavioural advice? _____ If yes, please describe:

Medical history | to be completed by referring veterinarian

Clinical behaviour service



UNIVERSITY OF SASKATCHEWAN

Veterinary Medical Centre

WESTERN COLLEGE OF VETERINARY MEDICINE
VMC.USASK.CA

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Describe any medication or product recommendations and outcome.

Describe the pet's behaviour in your clinic, including any problems that you have observed:

MEDICAL HISTORY

Are vaccinations up to date? _____ If the answer is "No," please explain:

Date of most recent examination:

Reason for the exam:

Describe any abnormal findings:

Is there any indication of pain? _____ If the answer is "Yes," please describe:

Is there any sensory decline or cognitive dysfunction? _____ If the answer is "Yes," please describe:

Does the pet have any dietary restrictions? _____ If the answer is "Yes," please describe:

Please attach a copy of all recent laboratory test results OR list any relevant test results and dates.

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Veterinary Medical Centre
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USASK.CA/VMC

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Small Animal Clinic
306-966-7126

Large Animal Clinic
306-966-7178