



Online: ozdogs.co.uk
Email: sezan@ozdogs.co.uk
Instagram: [@_ozdogs_](https://www.instagram.com/_ozdogs_)



Dear Veterinary Surgeon,

We are a small team of Certified Clinical Animal Behaviourists (CCAB) who work solely on veterinary referral. If you would be happy to work together on this case, please complete the attached form and return it to the client or to ourselves alongside the medical history.

As non-veterinary behaviour professionals with over a decade of clinical experience including working closely alongside veterinary behaviourists, we are comfortable supporting you based on our knowledge and experience. Any suggestions relating to veterinary care of an individual case including potential medical influences on behaviour or the use of adjunctive behavioural medications, will be forwarded for your own assessment. Please direct the client as you see best appropriate for the individual case; with our clinical support available to you on request.

A behaviour report will be sent to the client following the initial consultation, a copy of which will be forwarded to you. We will highlight any suggestions pertaining to further veterinary considerations that might be appropriate for your attention via email; and will suggest the clients contacts you for suitable professional advice on these aspects as needed.

All clients will receive the initial consultation and up to 2x non-time limited follow-on sessions as part of their initial consultation package, as well as one-month of phone and email support. They also have the option to bring a veterinary behaviourist on board to advise on the case directly for a small additional fee.

If you have any questions regarding our process or would like further information at any time, please do not hesitate to contact Sezan via email in the first instance at sezan@ozdogs.co.uk

Sincerely;

Oz Dogs with

Sezan Öz (MSc CCAB) & Dr Sue Horseman (FHEA CCAB)

BEHAVIOURAL REFERRAL FORM – OZ DOGS

To certify your approval for referral of dog behavioural problems; please complete the following form
PLEASE ATTACH FULL MEDICAL HISTORY WITH THIS REFERRAL

Patient Name:

Age:

Sex inc. neuter status:

Behavioural complaint:

Client/owner name:

First line of address:

Contact veterinary surgeon:

Practice:

Tel:

Correspondence email:

Medical History: Date of last health check: / / Weight: Kg

Are you able to clinically examine the patient: YES / NO

Please indicate any current medical problems, or problems that you have recommended further investigations of (orthopaedic, dental, endocrine):

Details of any ongoing medical conditions or treatments (including names and doses of current medications):

VETERINARY CERTIFICATION OF APPROVAL

I certify approval for the client/patient described above to be referred for behavioural support to Oz Dogs

Print Name:

Signed:

F/MRCVS

Date:

*We can only accept this referral form if it is signed (we accept electronic signatures).
Please return referral form and medical history to: sezan@ozdogs.co.uk or the client.*