



Canine & Feline Behaviour Association

The CFBA is approved by pet insurance companies that cover behaviour

Veterinary dog behaviour referral form Please complete and send to CFBA practitioner

Vet's name:

Veterinary practice name

Tel number :

E Mail:

Practitioner's Name

Dog Owner's details

Name

Address

Tel number

Dog's details

Gender M / F

Neutered Yes / No

Pet Insured Yes / No

Breed

Pet's Age

Relevant Medical condition

Yes / No

Contact Vet: Yes / No

Behaviour problem presented – please tick below if relevant

AGGRESSION DOG ON DOG

AGGRESSION TO PEOPLE

AGGRESSION TO ANIMALS

AGGRESSION TO FAMILY ONLY

SEPARATION ANXIETY

EXCESSIVE BARKING

FOOD SCAVENGING

CAR SICKNESS /TRAVEL

HOUSE TOILET TRAINING

COPROPHAGIA

NEW BABY INTRODUCTION

HYPERSEXUAL BEHAVIOUR

DOG / CAT AGGRESSION ISSUES

PHOBIAS

FEAR / TEMPERAMENT PROBLEMS

BEHAVIOUR OTHER WRITE BELOW



Veterinary Referral form

Please send to CFBA Practitioner

