

# Pippa Hutchison MSc CCAB Clinical Animal Behaviourist Veterinary Referral Form



Please send completed form to:  
(complete both sides)

email: referrals@positiveimprint.co.uk  
fax: 0141 280 2569  
tel: 0141 280 0273

Tick this box if this case requires **urgent** attention

## Owner's details

*The owner will be contacted directly to  
arrange an appointment with Pippa Hutchison*

Name: .....

Address: .....

.....

..... Postcode: .....

Tel No: .....

Mobile No: .....

Home No: .....

Email: .....

Tel No: .....

Email: .....

## Referring Veterinary Surgeon

Referral by : Direct from Veterinary Practice .....   
Dogs Trust .....   
RSPCA .....   
Clinic : R(D)SVS .....   
Broadleys .....   
GUVs .....   
Vets Now .....

Vet Name: .....

Practice Name: .....

Practice Address: .....

.....

Practice Postcode: .....

Tel No: .....

Email: .....

Fax No: .....

Prefer to receive the report: by email .....   
by fax .....   
by post .....

Clinical History attached .....   
to follow .....   
not relevant .....   
outlined below .....

## Animal's details:

Name: .....

Age: ..... years ..... months

Breed: .....

Species: Dog .....   
Cat .....   
Other .....

Sex: Male .....   
Female .....

Neutered: Yes .....   
No .....

Insured: Yes .....   
No .....

Insurer: .....

Policy No: .....

Multi-Animal Household? ..... Yes  / No

*If Yes how many in total* .....

**To discuss the case beforehand please contact us on 0141 280 0273**

We will endeavour to make initial contact with the owner within 3 working days unless you tick the box to state that this case requires urgent attention and should be treated as a priority; we will then contact the owner within 1 working day of receipt of this form.

