

# Pippa Hutchison MSc CCAB Clinical Animal Behaviourist Veterinary Referral Form



Please fax completed form to: 01436 840194, or

Email to: [referrals@positiveimprint.co.uk](mailto:referrals@positiveimprint.co.uk), or

Telephone: 0141 280 0273

## Owners details

This case requires **URGENT** attention   
(Tick this box if this case should be treated as a priority)

Name: .....

Address: .....

Home Tel: ..... Work Tel: .....

Mobile: ..... Fax: .....

Email: .....

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

## Animals Details

Name: ..... Species: Dog  Cat  Horse  Rabbit

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

Sex: Male  Female  Neutered: Yes  No  Multi-animal Household: Yes  No  If yes how many.....

Pet Insurer: ..... Policy number (if known): .....

## Referring Veterinary Surgeon

Referral sent by (Please tick one): Clinic: R(D)SVS  GUVs  Broadleys  Vets Now  Direct from Referring Veterinary Practice

Name: ..... Signature: .....

Practice Name & Address: .....

Tel No: ..... Fax No: .....

Mobile: ..... Email: .....

Prefer to receive report by: Post  Fax  Email

Presenting complaint: .....

Clinical history included below  to follow  appended  not relevant

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

We will endeavour 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 make initial contact within 1 working day of receipt of this form.