



# Veterinary Behavioural Referral Form

Dear Veterinary practitioner,

Your client has requested a Behavioural Consultation. Before proceeding, I would appreciate you completing the referral form below to help facilitate the assessment and training process while ensuring there are no underlying concerns. This also allows for a collaborative professional relationship so we can work together to meet the dog's needs.

Please find below a form to complete, or for ease, here is a link to complete it online: [Veterinary Referral Form for Behavioural Consultation](#)

If addition, please could you provide a copy of the dog's medical history to [perfectlypolitedachshunds@outlook.com](mailto:perfectlypolitedachshunds@outlook.com) with the dogs name and surname as the subject header, as this will assist in informing the assessment and behavioural plan.

My approach to behavioural assessment and training is holistic, evidence-based, and tailored to each individual dog. I work to understand the full picture of a dog's behaviour, considering emotional, environmental, and physical factors that may be influencing their responses.

Key principles of my methodology:

- Comprehensive assessment – I evaluate behaviour alongside movement, diet, sleep patterns, and daily routines.
- Collaboration with veterinary professionals – Medical insights help ensure behaviour is not impacted by underlying health concerns.
- Positive reinforcement & confidence-building
- Systematic training and behavioural modification
- Remote & stress-free evaluations
- Depending on the package, detailed behavioural plans are created with summaries and psychometric profiling of the dog.

This methodology ensures ethical, effective intervention while fostering long-term behavioural improvement in a way that supports both the dog and their family. For further information on my qualifications and methodology please visit [www.perfectlypolitedachshunds.com](http://www.perfectlypolitedachshunds.com).

Kind regards,

**Sharon Alton**

*LLB (Hons)(Open)*

*Associate CAB member APBC*

*Dynamic Dog Practitioner*

*Adv. Dip. AAB (Canine), UDIP CTBM, APDT UK, KCAI (CD), SA PRO,*

[www.perfectlypolitedachshunds.com](http://www.perfectlypolitedachshunds.com)

[perfectlypolitedachshunds@outlook.com](mailto:perfectlypolitedachshunds@outlook.com)

07557118080

Dachshund Training and Behaviour Specialist  
[www.perfectlypolitedachshunds.com](http://www.perfectlypolitedachshunds.com)



# Veterinary Behavioural Referral Form

<b>Referring Vet Details</b>	
Clinic Name:	Vet Name:
Best Contact Email:	Phone Number:
<b>Client &amp; Dog Information</b>	
Owner's Surname:	First Name:
Address:	
Dog's Name:	Age/DOB:
Breed:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Neuter age:
Reason for neuter:	
<b>Medical History:</b> Please provide key relevant medical history that may contribute to behavioural concerns (Please forward complete history to <a href="mailto:perfectlypolitedachshunds@outlook.com">perfectlypolitedachshunds@outlook.com</a> )	
<b>Veterinary Observations</b> Any known medical conditions that may contribute to behaviour?	
Relevant tests/treatments conducted and results?	
<b>Fitness to Proceed</b> <input type="checkbox"/> I confirm that, to the best of my knowledge, this dog is fit and well enough to undergo behavioural assessment and training.	
<b>Has rehoming been discussed? Please note key details.</b> Dachshund Training and Behaviour Specialist	
<b>Has Euthanasia been discussed/recommended? Please note outcome.</b> www.perfectlypolitedachshunds.com	

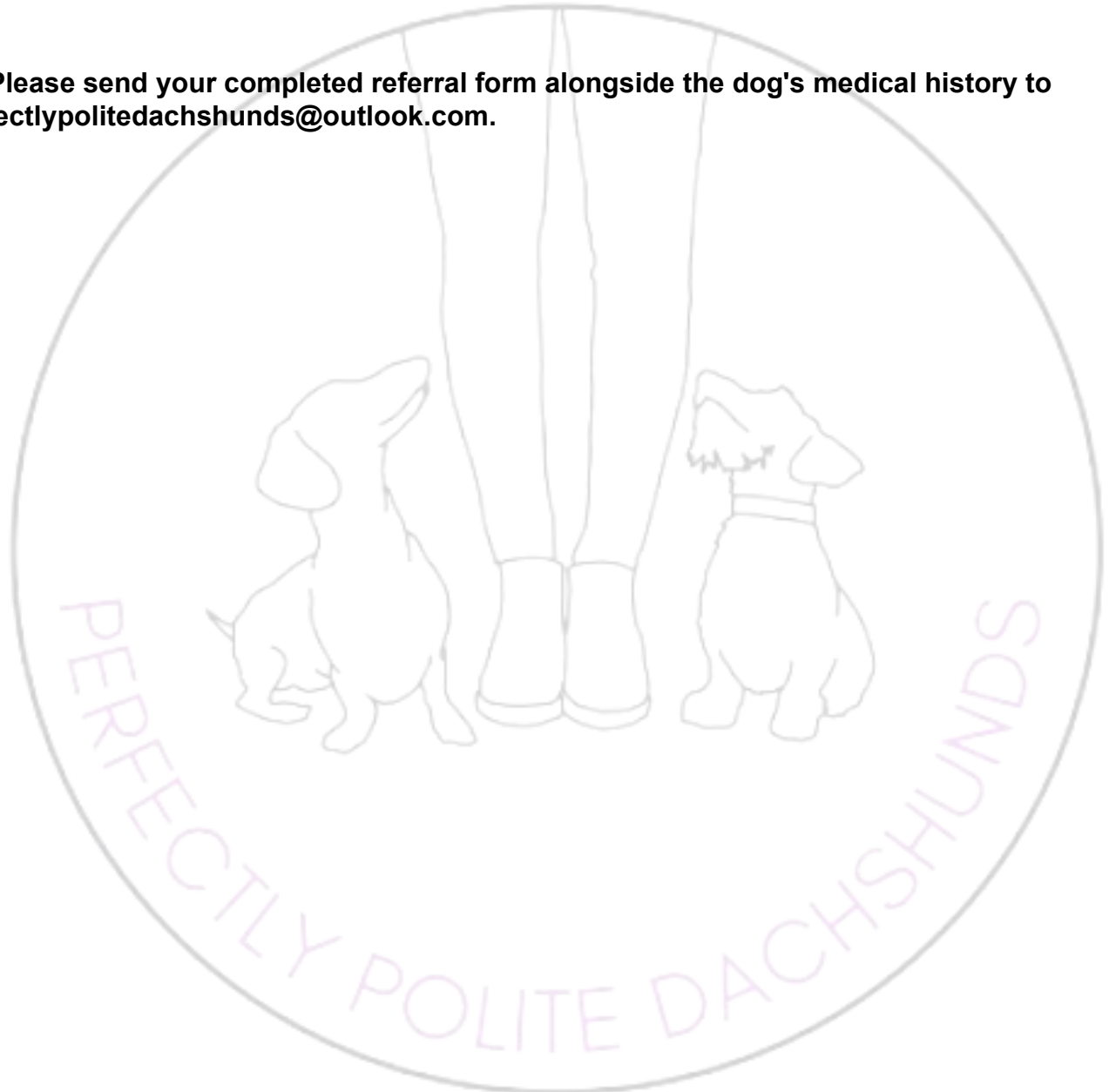
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Additional Notes - Any extra details or specific concerns regarding the referral.

Vet's Signature:

Date:

✉ Please send your completed referral form alongside the dog's medical history to [perfectlypolitedachshunds@outlook.com](mailto:perfectlypolitedachshunds@outlook.com).



Dachshund Training and Behaviour Specialist

[www.perfectlypolitedachshunds.com](http://www.perfectlypolitedachshunds.com)