



8 Blackburn Dr, W, SW
Edmonton, Alberta, T6W 2K5
780 - 439 - 4353
training@companionvet.ca

Behaviour Referral Form

Referring Veterinarian: _____

Veterinary Clinic: _____

Clinic Address: _____

Telephone: _____

E-mail: _____

Client Name: _____

Address: _____

Telephone #: _____ Email Address: _____

Cat's Name: _____ Breed: _____ Age: _____ Sex: _____

Vaccines UTD: Yes No

Recommendations made to the client (i.e. diet change, management, behaviour modification):



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Significant medical condition(s) which may exacerbate the behaviour problem or affect the behaviour modification program:

Medications the cat is currently on, and the dosages:

Has the cat bitten?	Yes	No	If yes, how many times? _____
How severe were the bite(s)?	Did not make contact		Did not break skin
	Puncture		Medical care needed
Did the cat give warning	Yes	No	Unknown

Bite History Comments:

Behavioural Diagnosis

Fear/Anxiety

- People
- Animals
- Situations
- Objects
- Sound/Thunderstorms
- Veterinary handling/procedures
- Global Fear
- Separation anxiety
- Generalized anxiety
- Compulsive disorder
- Travel
- Acute conflict behaviours/stereotypy

Other

Aggression

- Play
- Petting-induced
- Fear/defensive
- Pain/Disease
- Territorial
- Inter-cat
- Intraspecific
- Re-directed
- Idiopathic
- Conflict-induced
- Learned
- Maternal/hormonal
- Other

Ingestive

- Pica
- Predatory
- Other

Elimination

- Urine marking
- House soiling
- Other

Other

- Conditioned unwanted behaviour
- Cognitive dysfunction
- Hyperexcitability
- Nocturnal activity
- Other

Treatment Plan

- Alternate appropriate behaviour
- Avoiding situation
- Change in environment
- Crate confinement
- Crate training (airline or wire crate)
- Counterconditioning
- Dietary change
- Disruption of behaviour

- Desensitization (systematic)
- Desensitization (drug)
- Environmental management
- Euthanasia recommended
- Ignore at specific times
- Increased exercise
- Planned departures
- Punishment ceased
- Regular schedule

- Rewarding appropriate behaviour
- Response substitution
- Training (Lure reward)
- Training (Clicker)
- Training specific exercise
- Withholding reward
- Cooperative care training
- Enrichment
- Other

Comments/Treatment Details:

Veterinarian Signature: _____ **Date:** _____