



Animal Agency - Giving Animals
a Voice in their Training

Veterinary Referral Document

To Whom It May Concern,

Behavioural change is frequently influenced by underlying medical factors, particularly pain or discomfort, and confirmation of good physical health is essential prior to behaviour intervention.

To support accurate assessment and facilitate insurance claims, we request a completed veterinary referral form and relevant clinical history. Where clinically appropriate, baseline investigations (e.g. routine blood work) are recommended. In cases where pain is suspected, a short analgesic trial may help clarify its contribution. We fully respect clinical discretion and are happy to proceed without further investigation if deemed unnecessary.

If progress is limited or no clear behavioural cause is identified, the client may be referred back for further medical assessment. All behaviour support is evidence-based, ethical, and welfare-focused, and delivered strictly within scope of practice. We will be supported through a formal mentorship programme with a double board-certified Veterinary Behaviourist from March 2026. Where cases are complex, refractory, or fall outside scope, 1:1 case consultation is sought and/or cases are referred for specialist Veterinary Behaviourist involvement as clinically indicated.

Warm regards,

Zoe Norquoy BA (Hons), DipCABT, PNCC, PCertSACN (IP)

Clinical Animal Behaviour Practitioner

Clinical Certificate in Psychopharmacology, BAP (IP)

Co-Founder, *Psychiatric Assistance Dogs Foundation* (Registered Charity)

Behaviourist, *Feline Fine Foundation* (Registered Charity)

Pet Therapeutic Nutrition Coach - NAVC Vet Folio, *Nutrition and dietary reports prepared for veterinary review only*

I confirm that I am the owner or legal guardian of the animal named below and give consent for my pet's veterinary practice to share relevant medical information with Zoe Norquoy of The A.B.C for the purpose of behavioural and/or therapeutic nutrition support.

Owner/Client name: _____ [Click here](#)

Signature: _____ [Click here](#)

Date: _____ [Click here](#)

Address: _____ [Click here](#)

Post Code & Phone number _____ [Click here](#)

Name of Patient _____ [Click here](#)

Species/Breed & DOB: _____ [Click here](#)

Brief description of the behaviour problem:

[Click here](#)

Date first noticed by client: _____ [Click here](#)

I hereby acknowledge my approval for the client described to be referred for management of the current behaviour problem to Zoe Norquoy of The Animal Behaviour Consultant (The A.B.C)

Name of referring vet: _____ [Click here](#) _____ MRCVS Practice

Referral Practice Name & Address:

[Click here](#)

Medical History: (please attach)

Date of last health check: _____ [Click here](#)

Weight in Kg: _____ [Click here](#)

Please indicate with YES below if there are current or previous health problems concerning the following and attach appropriate details. Click boxes below to change to YES where relevant.

Urogenital System	click here	Endocrinological System	click here
Nervous System	click here	Sensory Systems	click here
Integumentary System	click here	Muscular Skeletal System	click here
Respiratory System	click here	Oropharyngeal Region	click here
Nervous System	click here	Allergic Reactions	click here
Other	click here		

Please provide any details of blood screens performed including specific organ function tests and assays

[click here](#)

Date and purpose of any general anaesthetics:

[click here](#)

Details of any ongoing medical treatments of conditions

[click here](#)

Email address to send the summary of the behaviour report and further correspondence:

[click here](#)

Please do note the information in the covering letter regarding the inclusion of medical histories, which can be useful for assessment, but also are often required for insurance claims.

Signed: [click here](#) _____ MRCVS

Date: [click here](#) _____

