

## Canine Behaviour Referral Form

Elmsdale Animal Hospital  
654 Hwy 2 Elmsdale, NS  
(902)883-7080  
Dr. Juanita Ashton, BSc, DVM, ACDBC-IAABC

**\*\*Along with this referral form, please provide the complete medical history for the patient\*\***

### Referring Veterinarian Information

Referring Veterinarian:	
Veterinary Clinic:	
Address:	City:
Phone:	Postal Code:
Email:	Fax:

### Client Information

Name(s):	
Address:	City:
Postal Code:	1 <sup>st</sup> Phone:
Email:	2 <sup>nd</sup> Phone:

### Pet Information

Name:	Breed:
Sex:	Colour:
Spayed/Neutered	YES NO If YES, at what age?
DOB/Age:	
Weight:	

Please List any medical concerns and current medications:

- 
- 
- 
- 

Please describe main behavioural problem:

Please return this form by email to [info@elmsdaleanimalhospital.ca](mailto:info@elmsdaleanimalhospital.ca) or by fax to (902)883-8007.