APBC
ASSOCIATION OF PET BEHAVIOUR COUNSELLORS

The APBC is a founding member of the industry regulating body, the Animal Behaviour and Training Council (ABTC). Members include the BVA, BSAVA and BVNA.

The APBC encourages veterinary practices to refer to ABTC members. ABTC trainers and behaviourists are qualified, assessed and regulated.

Associate members are not permitted to use the APBC logo on any other documentation, with the exception of this referral form.

REFERRAL FORM
For Behaviour Consultation

Behaviour problems may arise both directly and indirectly as a result of concurrent or previous medical conditions. Veterinary involvement is therefore essential to diagnose any causes of, or contribution to the problem that will require veterinary treatment. This may be prior to or alongside behaviour modification for any given case. In order to safeguard the welfare of your patient and indicate your approval for referral, please complete the following form:

VETERINARY SURGEON DETAILS

REFERRING VETERINARIAN

PRACTICE NAME AND ADDRESS

POSTCODE

TELEPHONE | EMAIL

CLIENT DETAILS

OWNER'S NAME

PATIENT'S NAME/ AGE/ SPECIES AND BREED

GENDER/ NEUTERED STATUS AND DATE OF NEUTERING

PASSPORT/MICROCHIP NO. (IF RELEVANT) | DATE OF LAST HEALTH CHECK

PRESENTING PROBLEM

I HEREBY ACKNOWLEDGE MY APPROVAL FOR THE CLIENT DESCRIBED ABOVE TO BE REFERRED FOR MANAGEMENT, TRAINING AND/OR BEHAVIOURAL THERAPY REGARDING THE CURRENT PROBLEM TO:

APBC MEMBER CONTACT DETAILS

WEBSITE

TELEPHONE | EMAIL

THE ABOVE MAY NEED TO DISCUSS SIGNS OF SPECIFIC MEDICAL CONDITIONS WITH YOU, THE REFERRING VETERINARIAN, DURING THE COURSE OF THEIR WORK. THIS IS AT NO TIME TO BE TAKEN AS AN ATTEMPT TO DIAGNOSE ANY MEDICAL CONDITION UNLESS THE MEMBER IS THEMSELVES A QUALIFIED VETERINARIAN WHO EXPLICITLY STATES A DIAGNOSIS.

PLEASE TICK APPROPRIATE BOX:

MEDICAL HISTORY ACCOMPANIES THIS FORM ☐ MEDICAL HISTORY SUPPLIED BY ☐ POST ☐ PHONE ☐ EMAIL

SIGNED (VET) _____ MRCVS DATE: _____

I, _____ , THE OWNER/PERSON WITH FULL LEGAL RESPONSIBILITY* OF THE ABOVE NAMED ANIMAL, CONSENT TO THE DISCLOSURE OF CLINICAL INFORMATION REGARDING THIS ANIMAL BY MY VETERINARY SURGEON FOR THE PURPOSES OF BEHAVIOUR THERAPY. I HEREBY AUTHORISE MY VETERINARIAN AND BEHAVIOURIST TO DISCLOSE DETAILS ABOUT AND DISCUSS THIS CASE. * PLEASE STATE CAPACITY_____

SIGNED (CLIENT) _____ DATE: _____

WHO AM I REFERRING TO?

The APBC has two categories of practitioners (CAB & ABT):

Clinical Animal Behaviourists (CAB), includes Veterinary Behaviourists (VB)	Animal Behaviour Technicians (ABT)
- Assess and evaluate animals that are demonstrating undesirable or inappropriate behaviour. - Develop behaviour modification and/or environmental modification plans. - Veterinary Behaviourists are also qualified Veterinary Surgeons.	- Design and implement programmes to provide preventative and first-aid behavioural advice. - Support implementation of behaviour modification and/or environmental modification plans designed by CAB or VB.

Each category has <u>three</u> sub-levels **(Full, Associate and Student)**: Note: Student members are not allowed to see cases

	APBC MEMBERSHIP DESCRIPTIONS		
	FULL APBC MEMBER *CAB/VB or ABT*	**ASSOCIATE APBC MEMBER** *CAB or ABT*	**STUDENT APBC MEMBER** *CAB or ABT*
Have been assessed as having the **Knowledge and Understanding** required to meet the standards of Animal Behaviour and Training Council (ABTC)	Yes	Yes	Not yet
Have been assessed as having the **practical competence** required to meet the standards of Animal Behaviour and Training Council (ABTC).	Yes	Working towards this (May be supported by a Full Member)	Not yet
Able to practice under the APBC name	Yes	Yes	No
Able to use the APBC logo	Yes	No	No
Required to have own insurance	Yes	Yes	N/A

THE REFERRAL PROCESS

Veterinary Surgeons are encouraged to comply with Section 5 of the RCVS Code of Professional Conduct as for any referral.

<u>All Associate and Full APBC members (CAB/VB) work solely on veterinary referral, regardless of species</u>.

Owners approaching APBC members before veterinary referral will be directed back to their Veterinary Surgeon

Owner requests referral from Veterinary Surgeon OR Veterinary Surgeon initiates referral to an APBC CAB/VB

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Owner consent gained by completion of this form
A non-veterinary CAB, may wish to discuss a case and share both personal data and the clinical history with a Veterinary Behaviourist. Client consent for this must also be gained at the time of the initial referral being made.

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Full and complete medical history provided to CAB/VB
This allows the CAB/VB to consider the patient's prior experiences, including any periods of illness/pain/ hospitalisation which can influence later behaviour.

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Ongoing communication between the referring veterinarian and CAB/VB
The CAB/VB may contact the referring veterinarian for further clarification of clinical information if required.