



### Behavioural Services Referral Form – Dr. Pierrette Mercier

*Dr. Mercier is a resident in private practice with the ACVB and the ECAWBM under the supervision of  
Dr. Kersti Seksel BVSc (Hons) MRCVS, MA (Hons) FANZCVS, DACVB DECAWBM, FAVA Registered.*

#### Referring Hospital

Hospital Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_

Email: \_\_\_\_\_

#### Client Information

Client Name(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_

Email: \_\_\_\_\_

#### Patient Information

Pet's Name: \_\_\_\_\_  F  FS  M  MN

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Current Weight: \_\_\_\_\_  KGS  LBS

#### Does the patient experience any of the following?

Anxiety  Aggression  Phobias  House Soiling in Cats  Separation Anxiety  Other: \_\_\_\_\_

#### Notes/Pertinent Medical History: