

Information for Behaviourists

Referral from a Veterinary Surgeon

1. Clinical Animal Behaviourists (CAB), Veterinary Behaviourists (VB) and Accredited Animal Behaviourists (AAB) will only see clients on veterinary referral.
2. Animal Behaviour Technicians (ABT) design and implement programmes to provide preventative and first-aid behavioural advice, and work with AAB, CAB or VB in the implementation of behaviour modification and/or environmental modification plans, developed by the AAB, CAB or VB following assessment/evaluation of an animal by that same AAB, CAB or VB. <https://abtc.org.uk/owners/types-of-practitioners/>
3. The ABTC continues to recognise a strong link between the veterinary surgeon and the Behaviourist in all cases, not least because of the link between some medical conditions and behavioural signs.
4. Thus, a potential client who contacts the CAB/VB/AAB directly should be asked to contact their veterinary surgeon prior to an appointment being made.
5. A client can request a referral from their veterinary surgeon or a veterinary surgeon can initiate a referral to a CAB/VB/AAB. In both cases following discussion with the client, a clinical assessment of the case will need to be made.
6. A referral can take many forms. Some are more formal as in the completion of a referral form and some less so, in the form of an email communication or telephone conversation.
7. It is advisable to use the most convenient method for all involved, particularly to ensure the ease of the process for the referring veterinary surgeon in terms of time undertaken.
8. It is recommended that both the CAB/VB/AAB and the veterinary practice note the referral on their records for the animal, and whether it was from 'the practice' or a specific veterinary surgeon.
9. We recommend that a specific veterinary surgeon is provided as a point of contact.
10. The CAB/VB/AAB should request the animal's full medical history, shared with the client's consent.
11. This is to assist the CAB/VB/AAB in understanding the animal's full behavioural history as periods of illness/pain/ hospitalisation at any point in the animal's life can influence aspects of later behaviour.
It is preferable and strongly recommended for a clinical examination to be carried out within a reasonable time before the behaviour consultation. This will assist in establishing whether there is any involvement of a current/recent medical condition in the behavioural signs. However, it is appreciated that this may not always be practical, or indeed possible, given individual animal temperaments and other extenuating circumstances. Individual discretion should be used on a case-by-case basis by the veterinary surgeon and CAB/VB/AAB and adjusted as the behavioural modification process requires.
12. The referring vet should be kept informed by the CAB/VB/AAB of the outcome and any developments of the case. This should include an initial written report and further communication as appropriate to the individual case.

13. Maintaining such communication is core to the working of the VetLed Team.
14. This should be a reciprocal arrangement so that any drugs prescribed or treatment relevant to the behaviours are shared, by the Vet, with the CAB/VB/AAB.
15. Practitioners on the ABTC CAB/VB/AAB Register may discuss the options for using psychoactive medications with a client as part of a behaviour modification programme. However, unless they are a veterinary behaviourist (see point 17), they must not discuss the use of specific medications with a client as this remains the responsibility of the referring vet. Instead, the ABTC practitioner should explain to the client that they will contact the referring vet about the possible use of medication to assist in the behavioural advice being given.
16. The Behaviourist may suggest the use of medication to the referring vet as part of case discussions. They may advise as appropriate with regards to specific classes of drugs or individual medications. The decision of which medications to use and the prescribing of these remains the responsibility of the referring vet.
17. Veterinary behaviourists may hold more specific discussions with a client regarding particular medications, and may also prescribe if they choose. However, the ABTC recommends that open communication regarding the use of medication should be continued between the veterinary behaviourist and the referring vet as part of the referral process.