



[www.capbt.org](http://www.capbt.org)

# Practice Referral Request

## *Behaviour Counselling*

Practice .....

Referred By .....

Date ...../...../.....

Client's Name .....

Client's  
Address .....

Post Code .....

Telephone  
Number .....

Name of  
Animal .....

Breed .....

Age .....

Sex .....

Nature of  
Problem  
(very brief!) .....

Please return the completed form to:-  
Sussex Dog Behaviour  
Greenways, Lewes Road,  
Horsted Keynes, West Sussex RH17 7DP  
01825 790223/07775 934920

[www.sussex-dog-behaviour.co.uk](http://www.sussex-dog-behaviour.co.uk)  
[info@sussex-dog-behaviour.co.uk](mailto:info@sussex-dog-behaviour.co.uk)