



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: