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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:

Thank you for trusting us to care for your patient. If you have any questions, please don't hesitate to contact us.