



# APBC

ASSOCIATION OF PET  
BEHAVIOUR COUNSELLORS

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## Information for Veterinary Professionals

How Members of the Association of Pet Behaviour Counsellors can help you?

### What constitutes a Referral to a Behaviourist?

1. The APBC has two categories of membership: Clinical Animal Behaviourists (includes Veterinary Behaviourists) and Animal Behaviour Technicians.
2. Clinical Animal Behaviourists (CAB) work with animals that are demonstrating all types of undesirable, inappropriate, problematic or dangerous behaviour. They only see clients on veterinary referral. See <https://abtc.org.uk/owners/types-of-practitioners/>
3. Animal Behaviour Technicians (ABT) design and implement programmes to provide preventative and first-aid behavioural advice, and work with CAB or VB in the implementation of behaviour modification and/or environmental modification plans, developed by the CAB or VB following assessment/evaluation of an animal by that same CAB or VB. See <https://abtc.org.uk/owners/types-of-practitioners/>
4. Only Provisional and Full APBC members are able to practice under the APBC name (see points 32-34).
5. Student members are not allowed to practice under the APBC name.
6. The APBC 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 symptoms. The APBC emphasises the importance of being part of the VetLed Team in that it requires that all its provisional (see point 32-33) and full CAB/VB members work solely on veterinary referral, regardless of species.
7. Thus, a potential client who contacts the CAB/VB directly is asked to contact their veterinary surgeon prior to an appointment being made.
8. A client can request a referral from their veterinary surgeon or a veterinary surgeon can initiate a referral to a CAB/VB, in both cases following discussion with the client, that is clinical assessment of the case has been made.
9. 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.
10. 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.
11. It is recommended that both the CAB/VB and the veterinary practice note the referral on their records for the animal, and whether it was from 'the practice' or a named veterinary surgeon.
12. We recommend that a named veterinary surgeon is provided as point of contact.
13. The CAB/VB should be provided with the animal's full medical history, shared with the client's consent.
14. This is to assist the CAB/VB 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.
15. 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 symptoms. 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 and adjusted as the behavioural modification process requires.

16. The referring practice should be kept informed by the CAB/VB 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.
17. Maintaining such communication is core to the working of the VetLed Team.
18. This should be a reciprocal arrangement so that any drugs prescribed or treatment relevant to the behaviours are shared with the CAB/VB.
19. APBC CAB/VB members 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 21), they must not discuss the use of specific medications with a client as this remains the responsibility of the referring vet. Instead, the APBC member should explain to the client that they will contact the referring vet about the possible use of medication.
20. 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.
21. Veterinary behaviourists may hold more specific discussions with a client regarding particular medications, and may also prescribe if they choose. However, the APBC 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.
22. Inevitably there are situations where individual veterinary surgeons or practices may have a preference to whom they refer clients for behavioural advice. APBC members are encouraged to build relationships with local practices and inform them of the merits of APBC membership in terms of being able to see cases on referral. This should help clarify any confusion of the appropriateness of referring to both full and provisional APBC members.
23. The APBC encourages veterinary practices to refer to appropriately qualified behaviourists. It is a founding member of the industry regulating body, the Animal Behaviour and Training Council (ABTC). Members include the BVA, BSAVA and BVNA.
24. This is to ensure that veterinary colleagues have an assurance of expertise when referring as the terms Clinical Animal Behaviourist (CAB) and Animal Behaviour Technician (ABT) are not protected and are used by individuals who have not been assessed to the ABTC standard.
25. Hence the ABTC has established standard post-nominals that practitioners on the ABTC Registers may use. These are for Animal Trainer (AT), Animal Training Instructor (ATI), Animal Behaviour Technician (ABT), Clinical Animal Behaviourist (CAB), Veterinary Behaviourist (VB) and Expert Witness (EW)
26. The format is set out below:
  - a. ABTC-AT
  - b. ABTC-ATI
  - c. ABTC-ABT
  - d. ABTC-CAB
  - e. ABTC-VB
  - f. ABTC-EW

27. While the use of the post-nominals is not compulsory, practitioners are encouraged to use them. When a practitioner is on more than one register multiple post-nominals may be used e.g. J Blogs ABTC-AT ABTC-CAB.
28. All ABTC registered practitioners, including all APBC practitioners, use scientific based, welfare friendly practices appropriate for the case in hand.
29. The ABTC is currently working with the RCVS to gain RCVS Accreditation (<https://www.rcvs.org.uk/news-and-views/news/rcvs-council-opens-the-path-for-paraprofessionals-to-become/> )
30. There are currently two approved routes for an individual to be assessed as meeting the standards for ABTC Clinical Animal Behaviourists. One is via the Association for the Study of Animal Behaviour (ASAB) accreditation giving the nominal CCAB and the other is via the Association of Pet Behaviour Counsellors (APBC) giving the nominal ABTC-CAB. All are listed on the ABTC and APBC sites as CAB.
31. Please note: ASAB assessed 'Certificated Clinical Animal Behaviourists' (CCAB) and all ABTC CAB, are assessed against the same ABTC standards for knowledge, understanding and performance skills and are therefore identical.
32. Both provisional and full members of the APBC working as Clinical Animal Behaviourists or Animal Behaviour Technicians have achieved the relevant academic qualifications for knowledge and understanding.
33. Provisional members are working to gain requisite practical experience prior to achieving full membership through assessment of performance skills. They are often supported by APBC full members.
34. Both Full Members and Provisional Members are required to have appropriate insurance.
35. Should a veterinarian/veterinary practice have any queries about referring to an APBC member, please view the APBC code of conduct (<https://www.apbc.org.uk/code-of-conduct-and-complaints-procedure/>). If this does not answer their query, they should contact the APBC office ([info@apbc.org.uk](mailto:info@apbc.org.uk) )
36. Should a veterinarian/veterinary practice have any complaint about an APBC member, they should refer to the APBC complaints process (<https://www.apbc.org.uk/code-of-conduct-and-complaints-procedure/>) and lodge their complaint with the APBC office ([info@apbc.org.uk](mailto:info@apbc.org.uk) )
37. Further information about APBC members can be found here: <https://www.apbc.org.uk/referrals/>.
38. Further BSAVA resources:  
"Referral for Behaviour or Training": [https://www.bsava.com/Portals/0/resources/documents/secure/PS\\_behaviour\\_referral\\_230117.pdf?ver=2017-01-23-112409-937](https://www.bsava.com/Portals/0/resources/documents/secure/PS_behaviour_referral_230117.pdf?ver=2017-01-23-112409-937)  
"Animal Behaviour and Training Associations: [https://www.bsava.com/Portals/0/resources/documents/secure/PS\\_Behaviour\\_and\\_Training%20Associations\\_23012017.pdf?ver=2017-01-23-112015-123](https://www.bsava.com/Portals/0/resources/documents/secure/PS_Behaviour_and_Training%20Associations_23012017.pdf?ver=2017-01-23-112015-123)

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