

REFERRING VETERINARY SURGEON'S DETAILS

Name: Practice Name: Date:

Practice Address: Telephone Number:
 Fax Number:
 Email:

CLIENT DETAILS

Client's Name: Home Telephone:
 Client's Address: Work Telephone:
 Mobile Number:
 E-mail:

PATIENT'S DETAILS

Name: Breed: D.O.B:
 Colour: Age: Sex: Neutered: Entire:

WHICH DEPARTMENT DO YOU REQUIRE?

Dermatology Orthopaedics Behaviour Oncology Exotics Cardiology
 Diagnostic Imaging Internal medicine Ophthalmology Soft Tissue surgery

What is the specific problem / investigation / treatment for which you wish to refer the patient ?

History / X-rays will be sent via	E-mail	Fax
If emailing send to lottie.hargreaves@rutlandhousevets.co.uk	<input type="checkbox"/>	<input type="checkbox"/>
Advice Only	<input type="checkbox"/>	
	Yes	No
Please contact me prior to the appointment to discuss the case.	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Do you want a receptionist at Rutland House Refferals to contact the client and make an appointment ?	<input type="checkbox"/>	<input type="checkbox"/>