

**VETERINARY REFERRAL FORM**

***Please email completed form to* k9intuitionworks@gmail.com**

**Tick this box if this case is requiring urgent attention**

**Owner Details**

Name:...................................................................................................................................................

Address:...............................................................................................................................................

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Home Tel:..................................................Mobile................................................................................

Email Address ***(please ensure that this is included)***..............................................................................................................................................................

**(*Mary Howat will make direct contact with the owner to arrange an appointment*)**

**Dogs Details**

Name......................................................... Age............years...............months

Breed/s.................................................................................................................................................

Sex: Male.......Female.........Neutered Y......N...... Other pets in home Y...N... If yes, how many?......

Pet Insurance Company.............................................. Policy Number (if known)..............................

**Referring Veterinary Surgeon details**

Name............................................................Signature.........................................................................

Practice name:.......................................................................................................................................

Practice address:....................................................................................................................................

Tel:....................................................Fax No.........................................................................................

Email address........................................................................................................................................

Clinical history included........to follow........not relevant..........

Presenting complaint.............................................................................................................................

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How would you like to receive your report? Email......Post.......Fax.....

***If you would like to discuss the case beforehand, do not hesitate to contact me on 07554421427.***

***I normally contact the owner within 5 working days of receiving the referral. However I will endeavour to contact the owner within 2 working days if you have ticked that this case requires urgent attention.***

