



FAX-BACK APPOINTMENT REQUEST FORM

Fax all the details to us and we will make the necessary arrangements directly with the owner. We will then advise you by phone that an appointment has been offered. **Please note** we do not claim directly through Insurance companies and the owner will be asked to settle their account on collection of their animal.

Please indicate the service to which you wish to refer:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Dermatology | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Orthopaedics | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Soft Tissue Surgery | | | |

Referring Veterinary Surgeon: _____

Practice name: _____

Practice address: _____

Telephone: _____

Facsimile: _____

Email address: _____

Owners name: _____

Address: _____

Telephone: _____

Email address: _____

Pets name: _____

Cat

Dog

Other _____

Breed: _____

Sex: _____

DOB: _____

Brief clinical history (including current therapy): _____

Continue overleaf if necessary

Please indicate:

Urgent Routine

Please call referring Veterinary Surgeon first Please contact owner directly

Note: For emergencies please call 01582 883950

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