

Animal Health Trust

Lanwades Park, Kentford, Newmarket, Suffolk CB8 7UU

Tel: 01638 552700 Fax: 01638 555600

Email: smallanimal.centre@aht.org.uk

Web: www.aht.org.uk



FAX-BACK APPOINTMENT REQUEST FORM

Fax to: 01638 555600

We are happy to accept canine and feline referrals to any of our clinical services – you are welcome to arrange a referral by telephone, by using the web form on our web site, by using this fax back form or by letter. *For emergencies, we advise referral via telephone.*

Veterinary Surgeon:	<input type="text"/>		
Veterinary Practice	<input type="text"/>		
Address	<input type="text"/>		
Town/City	<input type="text"/>	County:	<input type="text"/>
Post Code:	<input type="text"/>	Telephone:	<input type="text"/>
Fax:	<input type="text"/>	E-mail:	<input type="text"/>

Client's Name:	<input type="text"/>		
Client's Address:	<input type="text"/>		
Town/City	<input type="text"/>	County:	<input type="text"/>
Post Code:	<input type="text"/>	Telephone:	<input type="text"/>
Mobile telephone:	<input type="text"/>	Fax:	<input type="text"/>
Patient's Name:	<input type="text"/>	Species:	Dog: <input type="checkbox"/> Cat: <input type="checkbox"/>
Breed:	<input type="text"/>	DoB / Age:	<input type="text"/>
Sex:	Male: <input type="checkbox"/>	Male neutered <input type="checkbox"/>	Female <input type="checkbox"/> Female neutered <input type="checkbox"/>

Brief reason(s) for referral:	<input type="text"/>
-------------------------------	----------------------

Please indicate which service you wish to refer to:

Dermatology Internal Medicine Oncology
Ophthalmology Neurology Soft Tissue Surgery

I would prefer that: AHT arrange the appointment with the client, and inform me
AHT contact me with the appointment, and I will inform the client

Please note, you will need to provide prior to referral or with the client at referral:

- 1) a referral letter
- 2) relevant laboratory results and
- 3) relevant diagnostic images