



Animal *Health* Trust

Animal Health Trust

CENTRE FOR SMALL ANIMAL STUDIES

Direct telephone: +44(0) 1638 552700

ROUTINE REFERRAL FORM - Fax completed form to 01638 555 600
or Email smallanimal.centre@aht.org.uk

If this referral is an emergency, please call 01638 552700

ROUTINE REFERRAL

ADVICE REQUEST

REFERRAL SERVICES

ANAESTHESIA

DERMATOLOGY

DIAGNOSTIC IMAGING

HYDROTHERAPY

INTERNAL MEDICINE

NEUROLOGY & NEUROSURGERY

ONCOLOGY

OPHTHALMOLOGY

ORTHOPAEDICS

PHYSIOTHERAPY

SOFT TISSUE SURGERY

SERVICE REFERRED TO: _____ DATE: _____

SPECIFIC REASON(S) FOR REFERRAL: _____

CLIENT INFORMATION:

CLIENT: _____ ANIMAL NAME: _____

ADDRESS: _____

HOME PHONE: _____ MOBILE: _____

DOB: _____ M F N DOG CAT BREED: _____ Colour _____

IS THE ANIMAL INSURED? Y N IF YES, WHO WITH: _____

Please provide a brief summary of the case history and any other pertinent comments

Please attach to this form a full history and all relevant laboratory results

Radiographs will be returned by mail unless otherwise specified by you. Please label your radiographs with your hospital name and address as well as patient name and information

REFERRING VETERINARIAN INFORMATION:

PLEASE CONTACT ME BY: EMAIL PHONE FAX

REFERRING VETERINARIAN: _____

HOSPITAL/PRACTICE: _____

PHONE: _____ FAX: _____

EMAIL: _____

Vet's Signature: _____

Are you happy for us to contact your client directly to arrange a mutually convenient appointment?

Yes No