



AHT Small Animal Referrals

Direct telephone: +44(0) 1638 552700

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	Date.....
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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 note, a computer print-out of complete history is not acceptable)

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Please indicate below recent laboratory samples and attach to this history/email

Haematology Biochemistry Histopathology Imaging
 Picture /photo

Current Medications:-

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Patient status – Stable Deteriorating Improving

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

REFERRAL SERVICES

ANAESTHESIA

DERMATOLOGY

DIAGNOSTIC IMAGING

HYDROTHERAPY

INTERNAL MEDICINE

NEUROLOGY & NEUROSURGERY

ONCOLOGY

OPHTHALMOLOGY

PHYSIOTHERAPY

RADIATION ONCOLOGY

SOFT TISSUE SURGERY