

# Referral Request



Referring vet name & address

Tel:.....  
Fax:.....

(Please fax back to **01823 652822** or email [info@cave-vet-specialists.co.uk](mailto:info@cave-vet-specialists.co.uk))

**Urgent**

**Routine**

**Emergency**  ( If emergency please also call 01823 653510 )

## Client Details

Name:.....(Mr/Mrs/Ms)  
Address:.....  
.....  
.....  
.....  
Post Code: .....  
Tel:.....

## Patient Details

Name:.....  
Species:.....  
Breed:.....  
Age:.....Sex:.....Neutered: Y/N  
Fully Vaccinated: Y/N  
Up to date worming : Y/N  
Insured : Y/N Company :.....

**Medicine**  **Oncology**  **Neuro**  **Ortho**  **Soft Tissue**  **Derm**

**Reason for referral please fill in box below –**

**We require the following to be sent to us –**

- **Radiographs - YES/NO**      Email       Post       With Owner       Fax
- **Full History -**      Email       Post       With Owner       Fax
- **Original Lab reports -**      Email       Post       With Owner       Fax
- **Covering Letter summarising the case .**