

Out patient Referral



Referring vet Address Stamp

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

(Please fax back to 01823 652822 or email info@cave-vet-specialists.co.uk)

Referring vet Name:.....

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 :.....

Options: CT scan Ultrasound

Additional Information:

Please note we require a full history and any recent blood results in advance of appointment.

A full set of images will be returned on disc with the client unless otherwise specified. All scans will be automatically reported upon.

Clients should be informed that pets must be starved on the day of appointment and can expect to be with us between 3 to 4 hours.