

Veterinary Referral Form

For Use by Veterinary Practices Referring Patients



Referring Practice Details

Practice Name:	
Practice Address:	
Postcode:	
Telephone:	
Email:	
Referring Vet (Name):	

Client & Animal Details

Client Name:	
Client Address:	
Telephone:	
Email:	
Animal Name:	
Species/Breed:	
Date of Birth/Age:	
Sex (inc. neutered status):	
Microchip Number:	

Referral Details

Reason for Referral:	
Other Medical Conditions:	
Current Medication:	
Additional Comments/Information:	



Supporting Documentation

- Attach all relevant clinical notes, laboratory results, imaging reports or email to info@thesuddydogrehab.co.uk

Consent

Has the client given consent for referral and transfer of medical records?

Yes ☐ No ☐

Do you give consent for this referral to be shared within our multidisciplinary team for treatment consideration

Yes ☐ No ☐

Referring Vet Signature

Signature:	<hr/>
Date (DD/MM/YYYY):	<hr/>

Thank you for your referral. We will contact you with further updates regarding the case as soon as possible.