



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:	_____
Date (DD/MM/YYYY):	_____

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