



**Appointment/Advice Request form**

I would like to request a referral:

I would like advice on a case:

**Appointment Type (please tick)**

**Presenting Complaint**

**RED-LIFE THREATENING EMERGENCY**  
 £357.00 Payable on arrival

**ORANGE- URGENT ( NEXT WORKING DAY)**  
 £215.00 Payable on arrival

**GREEN – NORMAL (NEXT AVAILABLE)**  
 £178.50 Payable on arrival

- For 'Red' cases, please complete the **EMERGENCY INFORMATION** and call the Small Animal Hospital with the patient's estimated time of arrival.
- For **ALL** cases please attach referral letter, with recent treatment and full reports from any diagnostic tests. Appointments will not be confirmed until this information is received. A member of the team will contact client to arrange an appointment time.

**Clinical Service Required**

- |  |   |                                    |  |   |
|--|---|------------------------------------|--|---|
| <input type="checkbox"/> Soft Tissue Surgery | <input type="checkbox"/> General Medicine | <input type="checkbox"/> Neurology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Diagnostic Imaging |
| <input type="checkbox"/> Orthopaedics        | <input type="checkbox"/> Oncology         | <input type="checkbox"/> Exotics   | <input type="checkbox"/> Behaviour     | <input type="checkbox"/> Cardiopulmonary    |
| <input type="checkbox"/> Physio/Hydro        | <input type="checkbox"/> Anaesthesia      |                                    |  |   |

**Client, Animal and Vet Details**

<b>Client Name</b>	Mr/Mrs/Ms/Other	<b>First Name</b>		<b>Surname</b>	
<b>Client Address and Post code</b>					
<b>Home Telephone</b>		<b>Insured</b>	Y / N		
<b>Work Telephone</b>		<b>Company Name</b>			
<b>Mobile Telephone</b>		<b>Special Needs ?</b>			
<b>Previous visits by</b>	Client Y / N	<b>Previous visits by</b>	Animal	Y / N	
<b>Animal Name</b>					
<b>Species/Breed</b>		<b>Colour</b>			
<b>Sex</b>	M / F / MN / FN	<b>Age or D.O.B.</b>			
<b>Vet Name</b>					
<b>Practice Name</b>					
<b>Practice Address and Post code</b>					
<b>Practice Telephone</b>		<b>Practice Fax</b>			
<b>Signature</b>	I request referral of this case for examination and treatment as required and informed client of costs above. Advised client to check insurance policy for level of coverage.				<b>MRCVS</b>



## Emergency Assessment 'Red' cases only

**Please confirm the following:-**

- Immediate referral (following examination) appears to be a necessity (life threatening condition)
- The client has been informed of the costs of referral and diagnostic investigation\*,
- The patient appears to be fit to travel

*\* which will likely be in excess of £1500, depending on the individual patient's condition*

**Please provide the following information (or write a referral letter)**

Your answers will affect the response team that will be present when your client arrives

	YES	NO
<b>Animal name..... Owner name .....</b>		
<b>Collapse ?</b> When did animal collapse ? .....		
<b>Paresis / paralysis ?</b> Is deep pain sensation present or absent ? .....		
<b>Cardiorespiratory problems ?</b> (e.g. cyanosis, arrhythmia, dyspnoea ? How long have the signs been present ? .....		
<b>Haematological problems ?</b> (e.g. severe anaemia, bleeding) What is the animals PCV ? .....		
<b>Trauma ?</b> Where ? (e.g. head, spine thorax) .....		
<b>Seizures ?</b> Time since last seizures, are there clusters or status epilepticus ? .....		
<b>Spinal pain ?</b> Location ? (e.g. Neck, thoracolumbar, abdominal) .....		
<b>Recent treatment</b> .....		
<b>Recent anaesthesia ?</b> (last 24 hours) If so then what drugs were used and what time did the animal recover ? .....		
<b>Other Problems ?</b> Please specify		