

Date:

**Is this a routine referral?**

Emergency please call 0117 394 0513

Routine/chronic

Acute - requires urgent treatment

**Referring Vet Information**

Referring Veterinary Practice: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Referring Veterinary Surgeon Name: \_\_\_\_\_

**Patient Information**

Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Age/DoB: \_\_\_\_\_

Weight: \_\_\_\_\_

Colour: \_\_\_\_\_

Sex: Male  Female  Neutered

Main presenting sign/reason for referral:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Client Information**

Title: Mr Mrs Ms Miss Other .....

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Tel No 1: \_\_\_\_\_

Tel No 2: \_\_\_\_\_

Email: \_\_\_\_\_

How long have these signs been present? \_\_\_\_\_

Has the patient or their parents been imported outside of Great Britain? Yes  No

Does this animal fall under the Dangerous Dogs Banned Breeds? Yes  No

Is there any risk suspicion of infectious disease? Yes  No

Are there medical reasons why the patient should not be starved before the consult? Yes  No

**Checklist to share with Langford Vets**

1. Any radiographs taken: Yes  No

2. Lab results Yes  No

3. Letter of Referral: Yes  No

4. History: Yes  No

5 Insurance: Yes  No  Company: \_\_\_\_\_

**I would like to refer this case to:**

Behaviour  Cardiology  Dermatology  Feline Medicine  Internal Medicine  Neurology

Oncology (medical)  Oncology (surgical)  Orthopaedics  Rehab & Pain Management  Soft Tissue  Unsure

Additional notes: \_\_\_\_\_

Please email completed forms to [sah@langfordvets.co.uk](mailto:sah@langfordvets.co.uk)