



**REFERRAL FORM**

Please circle as appropriate

**ROUTINE REFERRAL / URGENT REFERRAL (within 2 days) / EMERGENCY REFERRAL (same day)**

**REFERRING PRACTICE DETAILS**

**NAME:** ..... **TEL:**.....

**BRANCH:** ..... **FAX:** .....

**ADDRESS:** ..... **EMAIL:**.....

.....

**REFERRING VETERINARY SURGEON** .....

**QUALIFICATIONS:** .....

This is a referral for: MRI / CT /Orthopaedics / Soft Tissue Surgery /Internal Medicine / Cardiology /Dermatology / Ophthalmology / Radio Iodine / Acupuncture / Chemotherapy

**OWNERS DETAILS** **TITLE:** ..... **INITIAL:** ..... **SURNAME:** .....

**ADDRESS:** ..... **HOME TEL:** .....

..... **MOBILE TEL:** .....

..... **WORK TEL:** .....

**PATIENTS DETAILS** **NAME:** ..... **D.O.B** ..... **SEX:** .....

**SPECIES:** DOG / CAT **BREED:** ..... **WEIGHT:** .....

**INSURED:** YES / NO **INSURANCE COMPANY:** .....

**BRIEF DESCRIPTION OF REASON FOR REFERRAL** .....

.....

**CLINICAL SYMPTOMS & FINDINGS** .....

.....

**CURRENT MEDICATION** .....

**THE CASE NOTES WILL BE:** EMAILED POSTED FAXED

**PLEASE EMAIL, POST OR FAX WITH THIS FORM TO:**

BISHOPTON VETS - REFERRALS, MILL FARM, STUDLEY ROAD, RIPON, HG4 2QR  
T: 01765 602396 /F: 01765 690505 E: [referrals@bishoptonvets.co.uk](mailto:referrals@bishoptonvets.co.uk) www.bishoptonvets.co.uk