

Veterinary Surgeon

Title
 Initials/Firstname
 Surname
 Qualifications
 Practice name
 Address

Owner

Title
 Initials/Firstname
 Surname
 Address

Tel nos
 Fax no
 Email Address

Daytime tel no
 Home tel no
 Email address

Patient details

Name
 Identification no
 Species
 Breed
 Gender
 Neutered
 Date of birth

Flea therapy Yes/No*
 Product
 Last treatment
 Frequency
 Scabies serology Yes/No*
 Insurance Yes/No*
 Company

Are there any general health problems in this animal?

What is the dermatological problem for investigation/treatment?

I refer this case for investigation and enclose relevant history and clinical information, including details of recent medication. Please *contact me/do not contact** me prior to the appointment date to discuss this case

Signed Date

Please indicate your preferred report format - in addition to postal reports.

Email (plain text) Email (PDF document) Fax

Please contact the *referring practice / the client** to arrange the appointment date and time

The case is *urgent / quite urgent / non-urgent**

** Delete as appropriate*