**REQUEST FOR EQUINE/FARM ANIMAL REFERRAL APPOINTMENT**

**QUEEN'S VETERINARY SCHOOL HOSPITAL, CAMBRIDGE**

**Tel: 01223 337647 Fax 01223 337672**

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|---|---|
| **Referring Veterinary Surgeon**<br>• Name<br>• Practice Address<br>• Telephone number<br>• Fax number | |
| **Client**<br>• Name<br>• Address<br>• Contact telephone numbers | |
| Animal<br>• Species, Age, Breed & Sex | |
| Presenting problem for which referral is sought | |
| Select Clinic<br><br>☐ Equine medicine<br>☐ Equine orthopaedics<br>☐ Equine soft tissue surgery<br>☐ Reproduction/neonatal medicine<br>☐ Farm animal medicine<br>☐ Farm animal surgery | |
| Your contact telephone number and convenient time to call if more information is required | |