

**REQUEST FOR SMALL ANIMAL REFERRAL APPOINTMENT
 QUEEN'S VETERINARY SCHOOL HOSPITAL
 University of Cambridge
 Tel: 01223 337621/337669 Fax 01223 330848**



FAX-BACK form

Referring Veterinary Surgeon

Name	
Practice Address	
Tel no:	
Fax no:	
e-mail:	

Client

Name	
Address	
Tel no(s)	

Animal

Name	
Age, Breed & Sex	

Presenting problem for which referral is sought

Select Clinic (delete those not relevant)

- c Small animal medicine
- c Small Animal Soft tissue surgery (includes surgical oncology)
- c Small Animal Orthopaedic surgery
- c Medical Oncology & Radiotherapy
- c Neurology
- c Ophthalmology
- c Behaviour

Specific clinician:	
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Delete as appropriate	Need to speak / Make appointment with owner
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Your contact telephone number and convenient time to call if more information is required:
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FAX-back to 01223 330848 or email to: hospital@vet.cam.ac.uk

Office use:	Appoint date:		To be confirmed:	Info pack sent:	V/S informed:
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