|  |  |  |
| --- | --- | --- |
|  | | Name Surname  Accreditation and/or Position  Our Ref: Click here to enter text. |
|  | |
| Click here to enter a date. |  |
|  |  |
| Click here to enter text. |  |
|  |  |

|  |
| --- |
| The Department of Veterinary Medicine Madingley Road, Cambridge, CB3 0ES |
|  |
| Tel: +44 (0)1223 XXXXXX |
| Fax: +44 (0)1223 XXXXXX |
| Name.Surname@department.cam.ac.uk |
| www.cam.ac.uk |

|  |
| --- |
| Select this text then [Insert] [Text] [Signature line]. |

Dear