



## NEUROLOGY APPOINTMENT / ADVICE REQUEST FORM

I would like: **TO REFER A CASE**  **ADVICE ABOUT A CASE**  (please tick)

Appointment type:  **Routine** (next available): £200 (inclusive of VAT) payable on arrival  
(please tick)  **Urgent** (same or next day): £200 (inclusive) payable on arrival  
\* For very urgent cases: please contact us by telephone if you have not heard back within 1 hour  
 **Emergency OOH** (evening or weekend): £350 (inclusive) payable on arrival

### Referring Veterinary Surgeon Details (About You)

Referring Vet:			
Practice Name:			
Address and post code:			
Phone:		Fax:	
Email:			
I request referral of this case for examination and treatment as required. I have informed the clients of the costs above.	Signed:	Date:	

### Owner's Details

Owner's Name:	
Owner's Address and post code:	
Owner's Telephone Number:	
Owner's Mobile Number:	

### Patient Details

Animal's Name:		Date of Birth or Age:	
Species:		Breed:	
Sex:		Colour:	

### Reason for Referral

Please indicate preference for making this appointment:	<input type="checkbox"/> Contact you first (referring Veterinary Surgeon) <input type="checkbox"/> Contact client directly
Brief description of problem:	
More detailed clinical history, including any recent investigation or treatment:  * For all cases, please attach the referral letter with any recent treatments, and copies of any diagnostic tests.	