**NEUROLOGY APPOINTMENT REQUEST FORM**

**Urgent Case? Telephone us on 01786 445665 to speak to a clinician**

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: |  |

**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: |  Contact you first (referring Veterinary Surgeon) 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. |  |