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**Referring Vet Details:**

Name:

Address:

Telephone::

Fax:

Email:

Report by: Letter / Fax / Email (delete as appropriate)

**Client details:**

Surname:

Initials:

Title:

Address:

Telephone Numbers:

Best time to phone:

Pet's Name:

Species:

Breed:

Age / DOB

Sex: M/F E/N Insurance:

**Clinical history:**

Duration of clinical signs:

Clinical description:

Current medication:

**Urgency:**

Routine (within 1 week)

Urgent (within 2 days)

Emergency (same day)

Please phone if emergency service required.