RCVS ACCREDITED PRACTICE

Referrals
SEERS CROFT
Specialist care for you pets

Tower Road, Faygate, Nr Horsham, West Sussex, RH12 4SD
Tel: 01293 851122 Fax: 01293 852152
Email: vets@seerscroft.co.uk

PATIENT REFERRAL FORM

Date:_____ Phone: _____

Referring Veterinary Surgeon: _____

Referring Clinic: _____

Email: _____ Fax:_____

Would you like us to call this client to schedule an appointment? ❒ Yes ❒ No

Referred to: ❒ Exotics❒ Cardiology ❒ Internal Medicine ❒ Emergency Medicine ❒ Hydrotherapy

❒ CT Scan - Referral / Outpatient (please confirm)

Client Name: _____

Client Address: _____

_____

Home Phone No: _____ Work Phone No: _____

Mobile No: _____

Patient Name: _____ Species:_____

Breed: _____ Female ❒ Male ❒

Spayed/Neutered Age: _____ Weight: _____

RCVS ACCREDITED PRACTICE

Referrals
SEERS CROFT
Specialist care for you pets

Tower Road, Faygate, Nr Horsham, West Sussex, RH12 4SD
Tel: 01293 851122 Fax: 01293 852152
Email: vets@seerscroft.co.uk

Reason for referral:

_____

_____

_____

_____

Physical Findings:

_____

_____

_____

_____

NB: Renal function should be checked prior to outpatient CT referral.

Renal function checked: ❒ Yes ❒ No

Does the referring vet regard the patient as a suitable anaesthetic candidate: ❒ Yes ❒ No

What question are you attempting to answer from this study:

_____

_____

Radiographs/Lab Reports attached: ❒ Yes ❒ No

Radiographs with client: (films will be returned) ❒ Yes ❒ No

Referrals
SEERS CROFT
Specialist care for you pets
Tower Road, Faygate, Nr Horsham, West Sussex, RH12 4SD
Tel: 01293 851122 Fax: 01293 852152
Email: vets@seerscroft.uk

Preferred Contact Method? ❒ Phone ❒ Fax ❒ Email

If this is an emergency case would you like this case returned the following day? ❒ Yes ❒ No