

Date: _____

Langford Vets



Is this a routine referral?

Emergency please call 0117 394 0513

☐ Routine/chronic

☐ Acute - requires urgent treatment

Referring Vet Information

Referring Veterinary Practice: _____

Telephone No: _____

Referring Veterinary Surgeon Name: _____

Patient Information

Name: _____

Breed: _____

Age/DoB: _____

Weight: _____

Colour: _____

Sex: Male ☐ Female ☐ Neutered ☐

Main presenting sign/reason for referral:

Client Information

Title: Mr Mrs Ms Miss Other

First Name: _____

Surname: _____

Address: _____

Postcode: _____

Tel No 1: _____

Tel No 2: _____

Email: _____

How long have these signs been present? _____

Has the patient or their parents been imported outside of Great Britain? Yes ☐ No ☐

Does this animal fall under the Dangerous Dogs Banned Breeds? Yes ☐ No ☐

Is there any risk suspicion of infectious disease? Yes ☐ No ☐

Are there medical reasons why the patient should not be starved before the consult? Yes ☐ No ☐

Checklist to share with Langford Vets

1. Any radiographs taken: Yes ☐ No ☐

2. Lab results Yes ☐ No ☐

3. Letter of Referral: Yes ☐ No ☐

4. History: Yes ☐ No ☐

5 Insurance: Yes ☐ No ☐ Company: _____

I would like to refer this case to:

Behaviour ☐ Cardiology ☐ Dermatology ☐ Feline Medicine ☐ Internal Medicine ☐ Neurology ☐

Oncology (medical) ☐ Oncology (surgical) ☐ Orthopaedics ☐ Rehab & Pain Management ☐ Soft Tissue ☐ Unsure ☐

Epilepsy Clinic ☐

Additional notes: _____

Please email completed forms to sah@langfordvets.co.uk