



ChesterGates Veterinary Specialists, Units E&F, Telford Court, ChesterGates, Chester CH1 6LT

Tel: 01244 853 823 Fax: 01244 853824 Email: info@chestergates.org.uk

You may also refer a case using our online referral form: www.chestergates.org.uk

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REFERRAL FORM

Please telephone us on **01244 853 823** if you wish to speak to a Specialist.

Please make your Clients aware that their pet may need to stay with us for the **whole day or overnight**.

Referring Veterinary Surgeon (including Title):

Practice Name (including branch):

Practice address:

. Are you a CVS practice? YES / NO

Tel: Fax: Email:

Name of 1st Opinion vets if you are Emergency Vets:

Please note: Reports will be emailed to your Practice where an email address is given.

Owner'(s) Name (including Title):

Address:

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Home Tel: Mob No: Email:

Animal Name:

Species: Breed:

Date of Birth: / / Sex: M / F / MN / FN_ Weight:

Microchip No: Colour:

Last Booster date: / /

Insurance Co: Policy No:

Has the excess been paid? YES / NO £. Have you submitted a claim? YES (date / /) / NO

Please tick here if you DO NOT agree to allow ChesterGates Veterinary Specialists to forward your clinical history to your client's insurance company.

Is this case: **EMERGENCY** **URGENT** **ROUTINE**

PLEASE CIRCLE SPECIALITY REQUIRED: **ADVICE**

Internal medicine Orthopaedics Spinal surgery Neurology

Cardiology Soft tissue surgery Physio / hydrotherapy Dermatology

¹³¹I for Feline Hyperthyroidism

Please attach 12 MONTHS' clinical history including haematology, biochemistry and electrolyte results.

Please send radiographs if available, in digital or other format, duly labelled so we can return them to you.

Description of Problem (Please guide us as much as you can):

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