



# Dogwood Referrals

Please complete this form in **black ink** and fax back to **0161 962 2542**. We will contact your client and arrange an appointment. We will contact your hospital to inform you of the appointment date.

**Practice name:**

Address:

Telephone:

Fax:

Email:

**Referring Veterinary Surgeon:**

Title and name:

Qualifications:

Please tick for preferred contact for reports:    Email                  Fax                  Post

**Owner details:**

Title and name:

Address:

Postcode:

Contact numbers:

**Animal Details:**

Name:

Age:

Breed:

Species:

Sex: M F N

Insurance Company:

**Clinical History:**

Please send relevant clinical history, lab reports and radiographs to

**Email: [info@dogwoodvets.co.uk](mailto:info@dogwoodvets.co.uk)**

**Fax: 0161 962 2542**