

DOGWOOD *Vets*

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

info@dogwoodvets.co.uk

FAX 0161 962 2542