

This form may be completed online, alternatively please complete the form in black ink and email to enquiries@nwspecialists.com. We will make an appointment with the owner.

☐ Please indicate in the box if estimate required

If you have any further queries email: enquiries@nwspecialists.com

All our referrals are offered the next available appointment, normally within 72 hours.

☐ If your case is an emergency, please call us on 01928 711 400 before sending in the form.

Service required:

☐ Internal Medicine
 ☐ Oncology
 ☐ Physiotherapy
 ☐ Pain Management clinic
☐ Orthopaedic Surgery
 ☐ Soft Tissue Surgery
 ☐ Neurology & Neurosurgery

Owner details:

Name
 Address

 Post Code.....
 Tel Mobile.....
 Email
 Insured ☐ Yes ☐ No Company

Practice details:

Referring Vet Name:
 Address

 Post Code.....
 Tel Mobile.....
 Email
 Preferred contact for reports: ☐ Email ☐ Post

Patient details:

Name Age/DOB Sex ☐ M ☐ F ☐ N
 Breed Species

Brief summary of presenting complaint/reason for referral

Investigations performed to date

Bloodwork <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Emailed	Urine analysis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Emailed
X-rays <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Emailed	Ultrasound <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Emailed
ECG <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Emailed	CT/MRI <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Emailed
Other laboratory results (Please specify which) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Emailed	

Current medical treatments/medications:

..... ☐ Estimate required (please tick)

Has the dog travelled abroad in the past 5 years, and if so where?

☐ By submitting this form to Northwest Veterinary Specialists ("NWVS"), I/we confirm that I/we have express consent from the individual(s) concerned to transfer the personal data set out in this form to NWVS