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REFERRAL FORM - Client to fill in page 1, vet to fill in page 2

Client name.....

Client Address.....

.....

Postcode.....

Phone.....

Email address.....

Pet's Name.....

Species.....

Breed.....

Date of Birth / Age..... Neutered? Y / N

Insurance Company.....

Client Signature.....

**Terms:**

Strathmore Veterinary Services provides this rehabilitative service on a referral basis and cannot accept self-referred clients.

Out of hours emergency provision remains the responsibility of the referring Veterinary Practice, howsoever this may be provided.

Strathmore Veterinary Services shall send reports to the referring Veterinary Surgeon/Practice and shall liaise with them regarding other veterinary care recommendations. A report can also be provided to the client regarding treatment and ongoing care.

Payment must be made at the time of appointment, Strathmore Veterinary Services accepts BACS, or Cash (exact amount)

Insurance claims can be facilitated, however payment must be made in full. There will be no "direct" insurance claims.

Invoices will be itemised; this allows insurers to apportion vet fees and complementary therapies according to their policies.

Cancellation within 24hrs of the scheduled appointment will be charged at the full appointment rate, cancellations 24 – 48hrs before the scheduled appointment will be charged at 50%.

**Referring Veterinary Surgeon to complete:**

Veterinary Surgeon.....

Practice Name.....

Address.....

.....

Postcode.....

Phone.....

Email Address.....

**Reason for referral**.....

Presenting problem.....

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Investigations and findings.....

.....

.....

Current medication.....

.....

.....

Other underlying medical or health problems?.....

.....

.....

Date of last blood test.....

Any significant findings?.....

.....

**Referring Veterinary Surgeon**

Signature.....Date.....

Please send a copy of the clinical history, lab results and any relevant imaging to  
[info@strathmorevet.co.uk](mailto:info@strathmorevet.co.uk)