

Exotic Pet Referral Form



Please complete and fax this form to **01273 620099** or email to exotics@coastwayvets.co.uk. Alternatively please call us on **01273 692257**. Please attach relevant clinical records and previous lab results/x-rays.

OWNER'S DETAILS

Name:

Address:

Postcode:

Tel (work):

Tel (mobile):

Email address:

PET'S DETAILS

Name:

Breed:

Sex:

Neutered: Y / N

Age:

Weight (kg):

Referral reason:

Current medication/duration of medication:

Please circle how urgent the appointment is. Is it:

an emergency / urgent-next day / not urgent / next available appointment?

Have we given you an estimate for this referral? (please circle) Y / N

Have you given your client an estimate for this referral, and if so what estimate was given?

VETERINARY DETAILS (TO BE COMPLETED BY VETERINARY PRACTICE)

Referring practice:

Surgeon:

Tel:

Fax:

Email:

Signed:

Date: