



Case Referral Form

Practice Details

Practice Name: _____
Street: _____
Town: _____
Telephone: _____
Fax: _____
Email: _____

Referring Clinician

Name: _____
Title: _____
Qualifications: _____

Owner Details

Title: _____ Initials: _____
Surname: _____
House name/number: _____
Street: _____
Town: _____
County: _____

Telephone contact (*in order of priority*)

1 _____
2 _____
3 _____

Report required by: FAX / EMAIL / POST

Patient Details

Name: _____
Age: _____ Sex: M / F / N
Dog / Cat / Other: _____
Breed: _____
Insured : Yes / No Company : _____
Recent medication: _____

Brief description of clinical signs

Suspected diagnosis: _____

Investigations so far: _____

Please complete and fax to 021 4321444.

We will contact the owner within 24 hours of receiving this form to make an appointment.
For urgent/emergency cases, please telephone 021 4962799 to make an appointment directly.

FOR EMERGENCY REFERRALS PLEASE CONTACT THE HOSPITAL DIRECTLY ON 021 4962799

This form should be completed for urgent/routine referrals and accompanied by a referral letter (synopsis of the individual case), full clinical history, including laboratory/In-house results, radiographs and any further diagnostic imaging reports (i.e.: CT, MRI, Ultrasound). The full clinical history and test results/radiographs/further diagnostic imaging reports and the referral letter can either be uploaded using this referral form (see below) or they can be emailed directly to **gilabbeyvetreception@gmail.com**

Once the form is completely and received we will then contact the client to schedule their pets appointment at Gilabbey Veterinary Hospital at a convenient time and date.

Please note the referral form should **only** be used by Veterinary Professionals not by clients wishing to make an appointment. If you are a pet owner, either contact your vet for referral or call Gilabbey Veterinary Hospital on 021 4962799 for more information.