



General Surgery Service

SERVICE REQUIRED: Orthopaedic / Soft Tissue / Neurosurgery

PRACTICE NAME/REFERRING VET: .....

PRACTICE ADDRESS: .....  
.....

PRACTICE/VET EMAIL ADDRESS: .....

PRACTICE/VET CONTACT DETAILS: .....

PATIENT DETAILS: .....  
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GENERAL HEALTH: .....  
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CURRENT MEDICATION: .....  
.....  
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RELEVANT HISTORY:.....  
.....  
.....

PRESENT PROBLEM:.....  
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INSURANCE COMPANY/POLICY NUMBER/LIMIT IF KNOWN: .....  
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Please email to [referrals@willowsvets.co.uk](mailto:referrals@willowsvets.co.uk) along with a copy of any relevant clinical notes

[www.willowveterinaryclinic.com](http://www.willowveterinaryclinic.com)  
[referrals@willowsvets.co.uk](mailto:referrals@willowsvets.co.uk)  
Tel: 01782 503166

Company Reg number: 06523302