

# Referral Request Form



Orthopaedic Appointment:

Radiography Report:

- Email completed forms: [referrals@stdavidsvets.com](mailto:referrals@stdavidsvets.com) or fax 01392 279732
- For estimates/general enquires contact Rachel Jermyn: 9am and 4pm Mon-Thurs 01392 271221 (option 3)
- Please email relevant history and any radiographs (as JPGs) prior to the appointment

<b>Date:</b>	<b>Referring Veterinary Surgeon:</b>		
Referring Practice .....			
Tel No: .....		Practice email: .....	
Title: ..... Initial: ..... Surname: ..... E: .....			
Address:			
Client contact number/s: .....			
Patient's Name:.....		Dog / Cat	Male / Female / Neutered
Breed: .....	Age: .....	Weight: .....	Colour: .....
Presenting Problem/s:			
Current Medication:.....			
Insured: Yes/No Initial claim submitted: Yes / No Estimate given: Yes/No £.....			
Duration of Problem: ..... days ..... weeks ..... months			

St. David's Veterinary Referrals, St David's Station, Exeter, EX4 4NT. Email: [referrals@stdavidsvets.com](mailto:referrals@stdavidsvets.com)

Confirmation of the appointment will be made to your practice either via telephone or email.

Mr Peter Attenburrow BVSc CertSAO MRCVS – hip dysplasia service only  
 Mr Joe Fox BVetMed CertSAS MRCVS  
 Mr Dan Skeldon BA VetMB CertSAS MRCVS