



WEAR EMERGENCIES & OOH PATIENT TRANSFER

WEAR REFERRALS

TRANSFER OF PATIENTS FOR HOSPITALISATION (NON-REFERRAL)

PRACTICE DETAILS

NAME: TEL:

BRANCH: FAX:

ADDRESS: EMAIL:

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THIS IS A TRANSFER FOR: STABILISATION / FURTHER WORK UP / SURGERY

OWNER IS AWARE THAT THE TRANSFER IS FOR STABILISATION ONLY YES / NO

HAVE OUT OF HOURS COSTS BEEN DISCUSSED WITH OWNER YES / NO

ESTIMATED TIME OF ARRIVAL

OWNERS DETAILS TITLE: FORENAME: SURNAME:

ADDRESS: TELEPHONE:

..... MOB TEL:

ANIMAL DETAILS NAME: SPECIES: BREED:

AGE: SEX:

INSURED: YES / NO INSURANCE COMPANY:

GENERAL PATIENT HISTORY

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CLINICAL SYMPTOMS & FINDINGS

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CURRENT MEDICATION & TIMES

PLEASE EMAIL OR FAX THIS INFORMATION

Veterinary Hospital, Bradbury, Stockton-on-Tees, TS21 2ES

T: 01388 777 770 | F: 0844 335 1831 | clinical.history@wear-referrals.co.uk | www.wear-referrals.co.uk