



Pippa Hutchison MSc CCAB Clinical Animal Behaviourist Veterinary Referral Form

Please send completed form to: **email:** referrals@positiveimprint.co.uk
tel: 0141 280 0273 / **fax:** 0141 280 2569

**Tick this box if this case
requires urgent attention**

Owner's details

*The owner will be contacted directly to
arrange an appointment with Pippa Hutchison*

Name:

Address:

.....

..... Postcode:

Tel No:

Mobile No:

Home No:

Email:

Referring Veterinary Surgeon

Referral by : Direct from Veterinary Practice
Other: Dogs Trust RSPCA
Clinic : R(D)SVS Broadleys GUVS Vets Now

Vet Name:

I confirm the owner of the animal(s) hereby referred consent to the
disclosure of clinical information held by the practice

Vet Signature:

Practice Name:

Practice Address:

..... Postcode :

Tel No:

Email:

Animal's details:

Name:

Age:years months

Breed:

Species: Dog
Cat
Other

Sex: Male
Female

Neutered: Yes
No

Insured Yes
No

Insurer

Policy No

Multi Animal Household Yes No

Total Number of Animals in House

Medical History

Full Clinical History attached to follow not relevant

Date of last health check.....Weightkg

Are you able to examine the patient Yes No

Please indicate if there are any current medical problems
(orthopaedic, dental, endocrine)

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Details of any medical conditions or treatments:

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To discuss the case beforehand please contact us on 0141 280 0273

We will endeavour to make initial contact with the owner within 3 working days unless you tick the box to state that this case requires urgent attention and should be treated as a priority; we will then contact the owner within 1 working day of receipt of this form.