



# Eye Vet Referrals

Apollo House, Sutton Weaver, Nr Frodsham  
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 www.eye-vet.co.uk  
 Email. admin@eye-vet.co.uk



UNIVERSITY OF  
**LIVERPOOL**

Small Animal Teaching Hospital  
 Leahurst Campus  
 Neston  
 Tel. 0151795 6100

Client's Title & Name .....

Address .....

Home Tel ..... Work No. ....

Mobile No. ....

Email.....

Animal Name .....

Species.....

Breed .....

DOB..... Age .....

Sex M / F / MN / FN

Insured Y / N Insurance Co. ....

Referring practice details/Branch .....

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Referring Veterinary Surgeon & Qualifications.....

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Tel no ..... Fax no.....

Email.....

**FOR EMERGENCIES PLEASE PHONE THE PRACTICE BEFORE SENDING THIS FORM**

Please tick one of the three boxes then circle the conditions  **EMERGENCY**  **1-3 DAYS**  **WITHIN 1 WEEK**  **LOW PRIORITY**  
 (ring practice first) (1-2 weeks)

**Cataracts      Glaucoma      Corneal Ulcer      Uveitis      Trauma      Sudden Blindness**

**Lens Luxation      Entropion / Ectropion      KCS (Drv eye)      Distichiasis      Keratitis      Other**

Medical Details	
General Health/ Other medications <i>(include current non ocular medications)</i>	..... ..... ..... .....
Eye History	..... ..... ..... .....
Present Eye Problem <i>(please include current differential diagnostics)</i>	..... ..... ..... .....
Eye Treatments/ Other medications	..... .....

Case Notes	<b>Office use only-</b> please do not complete		
Faxed    Emailed    Owner bringing    Posted	Owner contacted date	Appointment date	

**PLEASE INCLUDE ALL RELEVANT CLINICAL NOTES**