



OAK BARN VETERINARY CENTRE LLP
Louise Ketteridge BVetMed MRCVS
Jamie Crittall BVSc MRCVS

Tilehouse Barn
East Shalford Lane
Guildford
Surrey GU4 8AE

t: 01483 455355
f: 01483 326518
e: hello@oakbarnvets.com

www.oakbarnvets.com

Laparoscopy Referral Form.

Please hand this form to your primary care Vet for completion and we will contact you directly to arrange your pet's laparoscopic surgery as soon as we have received this form from them. After your pet has undergone their lap procedure we will email your Vets a full clinical history and after-care notes so you may return to your usual primary care Vet for post-operative checkups. In addition you will have medication for the first two days at home and a post-operative care sheet for yourself.

Vet's details:

Referring Vet: _____

Practice Name: _____

Address: _____

Postcode: _____ Phone Number: _____ Fax Number: _____

Email Address: _____

PLEASE PROVIDE FULL CLINICAL HISTORY AND ANY RECENT LABORATORY WORK

Client's Details:

Miss/Ms/Mrs/ Mr . First Name: _____ Surname: _____

Address: _____

Postcode: _____ Phone Number: _____ Mobile Number: _____

Email Address: _____

Animal's Details:

Name _____ Breed: _____

Age: _____ Sex: _____ Colour _____ Advocate TM Treatment within last month? _____

Reason for Lap Referral : _____