



Elham Valley Referrals

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FAX REFERRAL FORM

In an emergency please call on 01303 840499 for a same day appointment

REFERRING VETERINARY SURGEON	
Name:	MRCVS
Practice:	
Address:	
Telephone:	
Fax:	
Email:	

CLIENT DETAILS	
Name:	
Address:	
Telephone:	
Email:	

PATIENT DETAILS						
Name:				Age:		
Species:				Breed:		
Please indicate:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Unknown
	<input type="checkbox"/>	Neutered	<input type="checkbox"/>	Entire	<input type="checkbox"/>	Unknown

PRESENTING PROBLEM						
Clinical Summary:						
Please indicate:	<input type="checkbox"/>	Routine	<input type="checkbox"/>	Urgent	<input type="checkbox"/>	Emergency (please call first)

For EVR use only:

- Appointment made for _____ am/pm on _____ with _____
- Letter & info sent
- Referring vet informed

Please fax this form to 01303 840773 with a copy of the clinical history
Referrals may also be made online via www.elhamvalley.com