



Lower Giles Hill Farm, Giles Hill Lane, Shelf, Halifax, West Yorkshire, HX3 7TW

# SHELF EQUINE CLINIC REFERRALS CASE SUBMISSION FORM

Please send a copy of any clinical history and any relevant laboratory results, radiographs etc in me for the appointment. Fax or email back to: 01274 601337/ [shelfequineclinic@hirdandpartners.co.uk](mailto:shelfequineclinic@hirdandpartners.co.uk)

In emergency cases, telephone: 01274 601534

Discipline

DATE:

Orthopaedics	<input type="checkbox"/>	Internal Medicine	<input type="checkbox"/>	Soft Tissue	<input type="checkbox"/>	Dentistry	<input type="checkbox"/>	MRI	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	Ophthalmology	<input type="checkbox"/>	Cardio-respiratory	<input type="checkbox"/>	Reproductive	<input type="checkbox"/>	Other	<input type="checkbox"/>

Vets Opinion

Urgent-Emergency	<input type="checkbox"/>	Fairly Urgent	<input type="checkbox"/>	Non-Urgent	<input type="checkbox"/>
Vets Comments					

Referring Practice

Practice Name:	
Telephone:	Fax:
E-mail:	
Referring Veterinary Surgeon:	

Client Details

Mr/Mrs/Other:	First Name:	Surname:
Address:		
		Post Code:
Tel Home:	Tel Work:	Mobile:

Horse Details

Name:	Breed:		
Age:	Gelding/Mare/Stallion	Colour:	Height:
Current Treatment:			
Insured Y/N?	Insurance Company:		
Claim started for this condition? Y/N			

Information

Condition being referred for:	
Brief History/Referral Request:	
Recent Medication:	
Is client aware of likely referral costs? Y/N	How much has been estimated? £

For Office Use Only

Account Setup? Y/N	Contact ID:
Date Received:	Date of Appointment:
Discharge Instructions Completed	Vet Report Completed
Notes:	

PLEASE BRING YOUR PASSPORT WITH YOU TO THE CLINIC FOR YOUR APPOINTMENT