

Referral submission form.

If you would like to refer a patient to Bay Vets Referrals, please complete the form below. A member of our team will then contact the client directly to arrange an appointment.

For emergency, urgent and out-of-hours referrals Please call directly on 01524 32696. Our telephones are staffed 24 hours every day.

Our surgeons are happy to discuss the case with you before referral.

Practice details

Veterinary Surgeon's name

Referring practice name

City

Post code

Phone number

Email

Owner details

Title

First name or Initial

Surname

Address – line 1 line 2 line 3,

Post code

Telephone number

Mobile number

Patient Details

Pet name

Species

Breed

Sex

Neutered yes/no

Age

Referral Discipline

Orthopaedics

Soft Tissue Surgery

Neurology

Advanced Imaging

Brief Summary of problem

Please upload the clinical history, lab test results and radiographs. Or alternatively e-mail to referrals@bayvets.co.uk