**YEW TREE VETERINARY CENTRE**

**60 Smithbrook Kilns**

**CRANLEIGH**

**SURREY**

**GU6 8JJ**

Telephone: (01483) 275665

Email: [info@cranleighvets.co.uk](mailto:info@cranleighvets.co.uk)

[www.cranleighvets.co.uk](http://www.cranleighvets.co.uk)

**Laparoscopy Referral Form**

Please hand this form to your Primary Care Vet for completion. Once completed and signed please return it to Yew Tree Veterinary Centre.We will then contact you directly to arrange your pet’s laparoscopic surgery.

Your pet will require a **Pre-procedural Consultation** at Yew Tree Veterinary Centre, we will contact you to arrange a mutually convenient date.

**After the procedure** we will email your Primary Care Vet a full clinical history including all after care instructions and follow up required so that you may attend your Primary Care Vets for post-operative follow up.

**In addition**, you will have medication for the first two days at home and a post-operative care sheet for your pet.

**Vet’s details:** Practice NameReferring Vet:

Address:

Postcode:

Phone Number: Email Address:

**PLEASE PROVIDE FULL CLINICAL HISTORY AND ANY RECENT LAB WORK** page1image4041954992

**Client’s Details: *First Name:*** ***Surname:***

Address:  
  
Postcode:

Phone Numbers:

Email Address:

**Animal’s Details: Name:**

**Age: Sex: Breed: Weight**

Reason for referral?.....................................................................

Monthly Lungworm prevention treatment used ……………

Date last applied…………

Date of referral and Vet Signature:……………………………………………..