



Referring Vet:

Clinic: _____ Phone: _____

Clinician: _____

Email: _____

Owner Details:

Name: _____ Phone: _____

Address: _____

Email: _____

Patient Details:

Name: _____ Species: _____ Age: _____

Breed: _____ Comorbidities: _____

Differentials: _____

Priority:

Standard (non-urgent)

Report within 4 Business days

Enhanced

1-2 Business days

Priority

4 hrs

Priority out of hours

Within 4 hrs

Urgent out of Hours

Within 1 hr

Area to be scanned: _____

Any specific Questions you want Answered?