



## **North East Animal Laser Solutions- Veterinary Referral Form**

### **Owner Details**

<b>Name</b>			
<b>Address</b>		<b>Postcode</b>	
<b>Contact Number</b>			
<b>Email</b>			

### **Patient Details**

<b>Patient Name</b>	
<b>Age</b>	
<b>Breed</b>	
<b>Sex</b>	
<b>Summary of condition</b>	
<b>Current medication</b>	

### **Vet Details**

<b>Referring Veterinary Surgeon</b>			
<b>Practice Address</b>		<b>Postcode</b>	
<b>Contact Number</b>			
<b>Email</b>			



North East Animal Laser Solutions  
Emily Towns RVN  
<https://neanimallasersolutions.co.uk/>  
07885815568

Referring Veterinary Surgeon:

By completing and signing this form, I am confirming that this patient is under my veterinary care. I consider this animal suitable and hereby consent for them to undergo class IV K-laser therapy treatment carried out by North East Animal Laser Solutions- Emily Towns RVN. I understand that the animal may be referred back to myself should it be deemed appropriate.

Veterinary Surgeon Signature:.....

Date:.....

(please attach any relevant clinical history for this patient)

The data provided on this form will be kept securely for a maximum of 10 years in line with current GDPR requirements. For more details on how we will manage this data please visit