

UCD Veterinary Hospital, UCDVH Ospidéal Tréidliachta UCD Hub: 01 716 6200 Email: <u>vethub@ucd.ie</u>

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Advice Request Form

Please complete this form and email to <u>vethub@ucd.ie</u> along with the clinical notes, diagnostic reports and images.

<u>Is this case an</u>	Emergency?	<u>YES NO</u>		
If so please also	call 01716200 to b	oring it to our attenti	<u>on</u>	
Please note the	re is a 30 euro char	rge for advice . If radi	iographs are include	d there maybe an additional
30 euro DI inter Advice requested:	pretation charge. 1 Internal Medicine Neuro – Medical Surgery – Neuro	This charge will be cro Dermatology Oncology WoundMgmt.	edited if the animal i Cardiology Surgery –Ortho Rehab / PT	is referred to the Hospital. Endocrinology Surgery - Soft Tissue Pain Clinic /Acupuncture
Primary Vet:				
Practice name:				
Vet Address:				
Main number:	Email address:			
Client name:				
Animal name:	S	pecies:	Breed:	Colour:
	A	ge:	Weight:	

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Main Query: please remember to attached clinical notes, images laboratory reports, videos/photos is available

Treatment/Current Medication:

Additional Information: