Small Animal Dermatology Referral Service

David Culley, BVetMed, CertSAD, MRCVS

Please fax to David Culley on 01483 268289

The owner will be contacted directly to arrange an appointment.

(Please complete the following in CAPITALS)

Owner's details:

Name: .....

Address: .....

.....

Postcode: .....

Tel no: ***(home):*** ..... ***(work):*** .....

(e-mail): ..... ***(mobile):*** .....

Practice details / Practice stamp:

E-mail address: .....

(We would prefer to e-mail reports to you)

Name of referring vet: .....

Practice address: .....

.....

Postcode: .....

Tel no: ***(business):*** ..... ***(fax):*** .....

Age: ..... *Sex:* .....

Pet insurance details: .....

Please send clinical history, previous laboratory reports and current treatment with fax.

Current therapy: .....

Glucocorticoids (including topical, eye and ear treatments):

.....

Antihistamines: .....

Other: .....

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