

Veterinary Referral Form



Name and practice of referring vet

Name of referred Cat & D.O.B

Please attach medical history and email this form to suzanne@purelycatgrooming.co.uk

(We request notes to ensure due diligence in ensuring correct risk assessments, ensuring this cat is free from stress and pain. We may need to adjust the way we handle this cat if certain parts of it's body are sore, the cat has other medical issues or is lightly sedated.)

Is sedation required for the OWNER to administer? If yes, which sedation, what dose and when to administer how long to allow sedation to take effect? (This information will tell us how long we have to groom this cat before sedation wares off).

"I confirm that I agree this cat is fit and well enough to be sensitively groomed"

Signature and stamp of referring vet

Date