|  |  |  |
| --- | --- | --- |
| Hospital For Small AnimalsRoyal (Dick) School of Veterinary StudiesEaster Bush Veterinary Centre, Roslin,EH25 9RG | **All Species Advice Request Form** |  |
| We appreciate that you value our advice, andwe are always happy to assist managing cases prior to referral, as well as providing guidance for challenging cases that cannot be referred. Providing this service is a significant part of our daily workload. In order to answer your queries and get through as many as possible each day, we would be grateful if you could follow the following guidelines:1. \*\* **For emergent/urgent case advice, please telephone 0131 650 7650\*\***
2. **Please provide a succinct summary of the case history and key questions you would like answered. Full history and relevant results may be useful, but only in addition to the summary.**
3. **Please be aware that from 7st April 2025 Cardiology will be charging for advice requests alongside the Medicine and Dermatology Services. You can find details here:**[**https://www.ed.ac.uk/vet/services/small-animals/vets/adviceenquiries**](https://www.ed.ac.uk/vet/services/small-animals/vets/adviceenquiries)**All other services will remain free of charge**.
4. **Please let us know the best way to provide this feedback to you, and if by phone, contact numbers and best times.**
5. **We will endeavour to answer particularly urgent requests promptly, but response times depend on our caseload and volume of requests for advice.**
6. **Due to the volume of requests we receive, those with a case summary may be prioritised.**

**Thank you!****PLEASE COMPLETE ALL THE INFORMATION BELOW THEN email** **HFSAreception@ed.ac.uk** |
| **VETERINARY SURGEON DETAILS** |
| Veterinary Surgeon’s Name: Date:Can response be discussed with another member of staff?Name: Position within Practice: |
| Practice Name, Address, Postcode: |
| Email: Telephone no & preferred times:Please indicate contact times in the next 48 hours if a phone call is expected. |
| **PET’S DETAILS**  |
| Pet’s Name: Owner: Species: |
| HfSA Case Number if applicable: | Age/DOB: |
| Sex: M / F / MN / FN | Breed: |
|  |  |
| **SERVICE YOU WISH TO CONSULT** (please tick) |
| **□** Anaesthesia | **□** Canine Internal Medicine | **□** Ophthalmology |  |
| **□** Behaviour | **□** Feline Internal Medicine | **□** Orthopaedics |  |
| **□** Cardiology  | **□** Neurology | **□** Soft Tissue Surgery |   |
| **□** Dermatology | **□** Oncology | **□** Unsure |   |
| **Case Summary** (please provide a concise **summary** of clinical complaints, including a **summary** of diagnostics and their [numeric] results as well as any treatments and responses. Please **do not** just simply attach the animal’s history. You can include history, original lab reports or images if relevant in addition): |
| **Please ask your specific questions here** (specific questions like “would you recommend X as a next diagnostic/ therapeutic step” or “which diet is most appropriate in this case” help us give you relevant and concise advice, while wide questions like “what to do next” can lead to you not getting the precise information you are after):  |