



SCOTTISH PERFORMANCE HORSE CLINIC
WEIPERS CENTRE EQUINE HOSPITAL
Tel: 0141-330 5999 Fax: 0141-330 6025

REQUEST FOR POOR PERFORMANCE WORK UP

OWNER/TRAINER: _____

ADDRESS: _____

_____ POST CODE: _____

TEL NO: HOME: _____ WORK: _____

MOBILE/FAX: _____ ANIMAL NAME: _____

NEW ADMISSION: _____ RE-ADMISSION: _____

BREED: _____ AGE: _____ SEX: _____

REFERRING VET: _____

ADDRESS: _____

_____ PHONE: _____ FAX: _____

PRESENTING SIGNS/REASON FOR REFERRAL: _____

PLEASE INDICATE WHICH INVESTIGATION IS REQUIRED:

FULL PERFORMANCE EVALUATION

RESPIRATORY INVESTIGATION

CARDIAC INVESTIGATION

MUSCKULOSKETAL INVESTIGATION

GASTRSOSCOPY

IS ANIMAL INSURED: YES/NO. IF YES BY WHOM: _____

IF YES, ARE THERE ANY SPECIAL CONSIDERATIONS ARISING FROM INSURANCE?

FOR OFFICE USE ONLY:

APPOINTMENT DATE: _____ TIME: _____ CLINICIAN(S): _____ APPROVED BY: _____

PLEASE USE BLOCK CAPITALS