



HAPPY VALLEY VETERINARY CLINIC & HOSPITAL
O/B HAPPY VALLEY VETERINARY CLINIC CO., LTD.
跑馬地獸醫診所及醫院

Companion Animal Medical, Surgical & Diagnostic Facility
G/F, 6 Cheong Ming Street, Happy Valley, Hong Kong
Tel: (852) 2572-0977 Fax: (852) 2577-5182 Email: hvvcinfo@gmail.com



SURGERY SECOND OPINION FORM

Please send submission form AND relevant history to Fax no.: 2577 5182 or Email: hvvcinfo@gmail.com

Referring Clinic: _____ Date: _____

Referring Vet: _____ Tel: _____

Name of Client: _____ Client Contact No.: _____

Patient Name: _____ Species: _____ Weight (kg): _____

Breed: _____ Age: _____ Sex: _____ Neutered: (Y/N)

Surgery Type: Orthopaedic / Soft tissue / Surgical Oncology / Neurology

Brief Clinical History and Findings:

Current Medication:

Previous Tests Performed and Results:

General Anaesthetic Risk Assessment: Low Medium High

Other Relevant Notes:

*How would you like us to send the follow-up report?

Email: _____ Fax: _____

