OET writing samples: veterinary science, with answers

2 original practice cases with case notes and a model letter. Allow 5 minutes to read and 40 minutes to write, then compare. A model shows one good way to answer. It is not an official OET sample or a marking guide, and all patients are fictional.

Sample 1: Update letter

Grape ingestion treated at an out-of-hours emergency clinic

Assume that today's date is 25 October 2026. Pepper is being discharged home this morning. You are the attending veterinarian at the Out-of-Hours Emergency Veterinary Clinic. Using the information in the case notes, write a letter to Pepper's regular veterinarian, Dr Wayne Aziz. Update him on Pepper's treatment and ask him to repeat her kidney blood tests. Address the letter to Dr Wayne Aziz, Veterinary Surgeon, Family Veterinary Practice, 5 Market Street. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Patient details

- Name: Pepper
- Canine, Cocker Spaniel, female (spayed), 3 yrs
- Weight: 13.2 kg
- Owner: Ms Brooke Nassar, 22 Hill Road
- Admitted: 22/10/26, 21:15; discharge: 25/10/26

Social background

- Lives with owner, owner's partner and 2 children (6 and 9 yrs)
- Children left bowl of grapes on low coffee table
- Owner says partner 'always leaves food lying around' — frequent arguments at home about this
- Attends agility classes weekly
- Pet insured; owner asked for claim form

Medical history

- Vaccinations up to date (regular vet)
- Otitis externa L ear 2025 — resolved
- No previous renal disease; no current medications
- Allergies: nil known

Presentation 22/10/26

- Ate est. 300–400 g red grapes approx. 1 hr before presentation (owner estimate)
- Bright, alert; HR, RR, temp WNL; no vomiting at home
- Baseline bloods: creatinine, urea, phosphate WNL; USG adequately concentrated

Treatment/Progress

- Emesis induced (apomorphine IV) → large quantity of grape material recovered
- Activated charcoal single dose PO after emesis
- IV fluids (Hartmann's) × 48 hrs
- Creatinine & urea repeated at 24 & 48 hrs — WNL throughout
- Urine output normal; no vomiting/diarrhoea; eating well from day 2
- Owner complained about 2-hr wait in reception on arrival

Plan

- Discharge 25/10 — bright; no medications required
- Repeat creatinine & urea (± USG) at approx. 72 hrs post-ingestion (evening 25/10) at regular vet, or here if practice closed; further check 27/10 if indicated
- Owner advised: return immediately if vomiting, lethargy, ↓ appetite, ↑ or ↓ urination
- Strict avoidance of grapes, raisins, sultanas, currants (incl. baked goods)
- Owner to book appt with regular vet; lab results attached

- Owner asked about agility next week — advised light exercise only until bloods rechecked

Model letter: sample 1

25 October 2026

Dr Wayne Aziz
Veterinary Surgeon
Family Veterinary Practice
5 Market Street

Dear Dr Aziz,

Re: Pepper, Cocker Spaniel, owner Ms Brooke Nassar, 22 Hill Road

I am writing to update you on Pepper, a three-year-old spayed female Cocker Spaniel, who is being discharged this morning after eating grapes, and to ask you to repeat her kidney blood tests.

Pepper was admitted on 22 October 2026 after eating an estimated 300–400 g of red grapes about one hour earlier. She was bright and alert, with normal vital signs, and baseline creatinine, urea and phosphate were normal. We induced emesis with intravenous apomorphine and recovered a large quantity of grape material, then gave a single oral dose of activated charcoal. She received intravenous Hartmann's fluids for 48 hours. Creatinine and urea were normal at 24 and 48 hours, her urine output was normal, and she is eating well.

She is bright and needs no medication. Please repeat creatinine and urea, with urine specific gravity if possible, about 72 hours after ingestion, which is the evening of 25 October. A further check on 27 October may be needed. Ms Nassar has been advised to avoid grapes, raisins, sultanas and currants strictly, to limit her to light exercise until the blood tests are repeated, and to return immediately if she vomits or becomes lethargic. Results are attached.

Yours sincerely,
Attending Veterinarian
Out-of-Hours Emergency Veterinary Clinic

Why this letter works

Kept: The opening names the treatment and the one task for the regular vet, and the details that follow show why the kidney tests must be repeated at about 72 hours.

Left out: The children, the owner's partner, the insurance claim form, agility classes, the old ear infection, vaccinations and the reception wait do not affect the follow-up bloods.

Sample 2: Urgent referral letter

Non-healing deep corneal ulcer in a Pug

Assume that today's date is 22 October 2026. Bruno has just been re-examined at your practice this morning. You are the veterinarian at a general veterinary practice who has been treating Bruno. Using the information in the case notes, write a letter of referral to Dr Ramesh Talukder, a veterinary ophthalmologist, requesting urgent assessment and possible surgical management of Bruno's right eye. Address the letter to Dr Ramesh Talukder, Veterinary Ophthalmologist, Veterinary Eye Referral Service, 48 Bridge Street. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Patient details

- Patient: Bruno, Pug, male neutered, 4 yrs
- Weight: 8.6 kg
- Owner: Ms Achieng Sokolova; works from home, able to transport Bruno today
- Pet insurance; owner agrees to referral and surgical costs

Social background

- Lives indoors with owner + 1 adult cat; owner saw cat swipe at Bruno's face 11/10 → suspected cause of ulcer
- Enjoys daily walks to local dog park; plays with neighbour's dog
- Owner complained at reception that vet nurse was 'rude and rushed' at last visit
- Owner reports neighbour said Pugs 'should be banned from breeding'

Medical history

- Brachycephalic obstructive airway syndrome: stertor, snores, exercise intolerance in hot weather; no airway surgery to date
- Prominent globes, incomplete blink (lagophthalmos) OU; nasal fold close to R cornea
- Vaccinations up to date; parasite control current
- Skin fold dermatitis 2024 — resolved with topical tx
- Allergies: nil known

Presentation 12/10/26

- Blepharospasm + epiphora R eye (OD) × 1 day
- Fluorescein +ve: superficial central ulcer OD approx. 3 mm; no stromal loss; no foreign body; lashes normal
- Schirmer tear test OU: within normal limits
- Rx: chloramphenicol eye drops OD QID; meloxicam PO SID; Elizabethan collar

Progress

- 15/10: ulcer size unchanged; comfortable; same tx continued
- Owner admits collar removed at night 'so he can sleep' — seen rubbing eye on carpet
- 20/10: ulcer ↑ approx. 5 mm; stromal loss approx. 1/3 depth; cytology: rod-shaped bacteria + neutrophils; culture & sensitivity sent; changed to ofloxacin eye drops q2h around the clock (day and night) + atropine eye drops SID; collar 24 hrs/day
- 22/10 (today): soft, grey, gelatinous ('melting') stroma, approx. 6 mm, approx. 1/2 stromal depth; marked corneal oedema; miosis; ↑ pain; Seidel test -ve; no descemetocele seen
- Culture result (rec'd 22/10): Pseudomonas aeruginosa, sensitive to ofloxacin
- Left eye (OS): normal on examination
- Eating normally; bright; temp normal
- Owner asked if Bruno can still attend groomer's appointment next week

Current treatment

- Autologous serum eye drops OD q2h started 22/10; ofloxacin q2h day and night (intensive regimen agreed with Dr Talukder by phone) to continue until handover - owner giving; practice to administer in hospital if owner unable; atropine SID, meloxicam SID, collar 24 hrs/day

- Last meloxicam 08:00 today; no food since last night (fasted for possible GA)

Plan

- Urgent referral to veterinary ophthalmologist: assessment ± surgery (e.g. conjunctival graft)
- Phoned Dr Talukder's clinic 22/10: appt today 15:00; owner to bring Bruno + all eye meds
- Cytology + culture reports enclosed
- Owner advised: keep collar on at all times; keep cat separated
- Owner understands eye may need surgery; keen to save eye

Model letter: sample 2

22 October 2026

Dr Ramesh Talukder
Veterinary Ophthalmologist
Veterinary Eye Referral Service
48 Bridge Street

Dear Dr Talukder,

Re: Bruno, Pug, owner Ms Achieng Sokolova

Thank you for seeing Bruno, a four-year-old neutered male Pug, at 15:00 today. I am referring him for urgent assessment and possible surgical management, such as a conjunctival graft, of a deteriorating right corneal ulcer.

Bruno presented on 12 October 2026 with blepharospasm and epiphora in the right eye, and a superficial central ulcer of about 3 mm without stromal loss. His owner suspects a cat swipe on 11 October. By 20 October the ulcer measured about 5 mm with stromal loss of about one third depth, and cytology showed rod-shaped bacteria and neutrophils. Today the ulcer is about 6 mm and about half depth, with soft, grey, gelatinous stroma, marked corneal oedema, miosis and increased pain. The Seidel test is negative, and no descemetocele is seen. Culture grew Pseudomonas aeruginosa, sensitive to ofloxacin. His left eye is normal.

He is receiving ofloxacin every two hours day and night, as agreed with you by phone, autologous serum drops every two hours since today, atropine and meloxicam once daily, and a collar at all times. His last meloxicam was at 08:00, and he is fasted. Ms Sokolova will bring all eye medications, and the cytology and culture reports are enclosed.

Yours sincerely,
Veterinarian
General Veterinary Practice

Why this letter works

Kept: The urgency and the surgical question open the letter, then the worsening ulcer measurements and the culture result that the ophthalmologist needs before the 15:00 appointment.

Left out: The neighbour's comment, the nurse complaint, the groomer question, his skin fold dermatitis, vaccinations, the dog park and insurance details do not change the eye assessment.