

Referral for specialist care

Homebush Baulkham

Medicine Surgery Ophthalmology Oncology Dermatology Cardiology Physiotherapy
 Dentistry Exotics Birds

Specialist (if known):

Date: at (appointment time):

Pet owner:

Patient name: Species:

Date of birth: Sex: F/FN/M/MN Breed:

Referring Veterinarian: Practice:

Address:

..... Postcode:

Phone: Fax:

Email:

Case summary

Duration of illness, signs observed, lab results, assessment, medical/surgical management and response.
 Please enclose radiographs and copy of lab results.

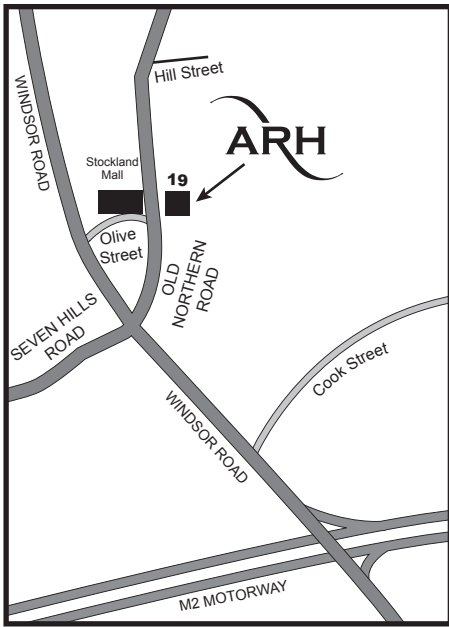
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Suggestions and comments by referring veterinarian

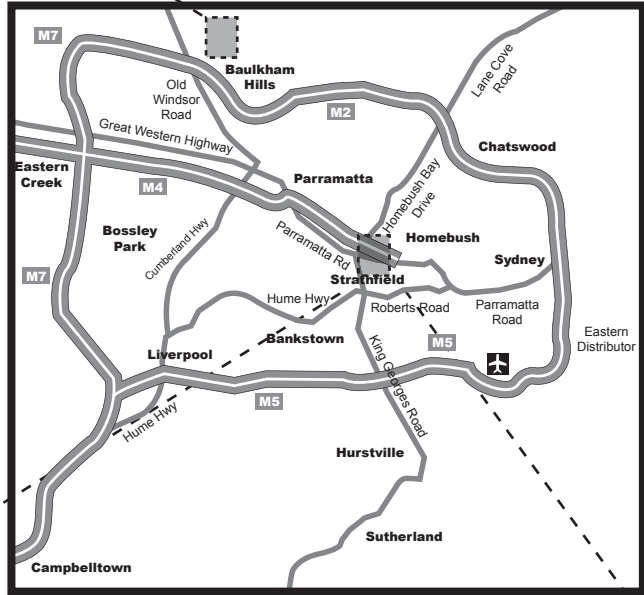
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Preferred means of communications: Phone Fax Email Post

*Payment in full by cash, credit card or EFTPOS or approved personal cheque is required at discharge.
 A deposit of 25-50% of initial estimation is required upon admission.*

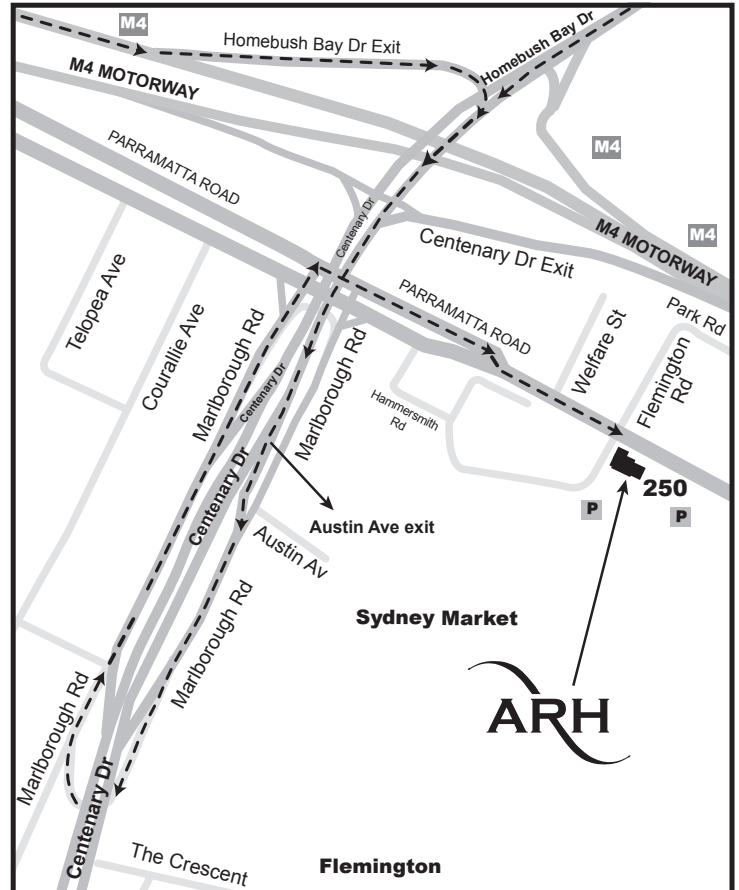
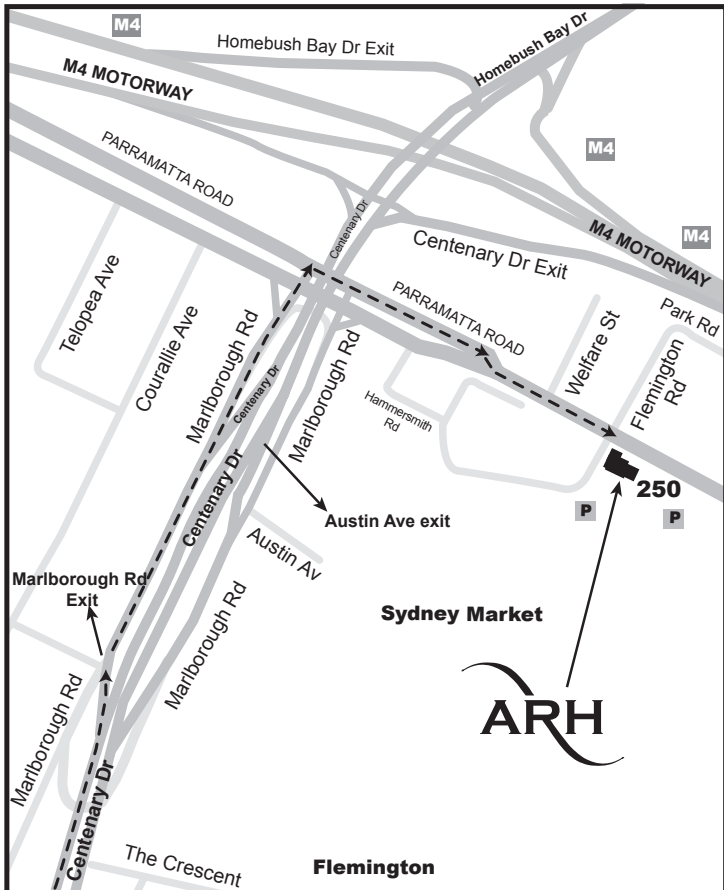


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 19 Old Northern Road
 Baulkham Hills NSW 2153
T 9639 7744



TRAVELING FROM WEST

TRAVELING FROM NORTH



ARH Homebush
 250 Parramatta Road
 Homebush NSW 2140
T 9758 8666

TRAVELING FROM SOUTH