

Referral Form

□Homebush □Baulkham Hills □Gosford □Canberra □Brisbane	
Medicine □ Surgery □ Oncology □ Ophthalmology □ Dermatology □ Physiotherapy □ Dentistry □ Cardiology □ Exotics □ Avian □ Behaviour □ Neurology □ Emergency	
Imaging: Ultrasound Radiology CT MRI	
Specialist (if known):	
Date:	at (appointment time):
Pet owner:	Phone:
Patient name:	Species:
Date of birth: Sex: F/FN/M/MN	Breed:
Referring Veterinarian:	Practice:
Phone:	Fax:
Email:	
Preferred means of communications: Phone Fax Email Post	
Case summary Duration of illness, signs observed, lab results, assessment, medical/surgical management and response. Please enclose radiographs and copy of lab results.	

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