



# THE REFERRAL CENTRE

Veterinary Expertise

## Owner Details

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing address (if different from above)

Email address \_\_\_\_\_

Contact numbers 1. \_\_\_\_\_

2. \_\_\_\_\_

## Animal Details

Name \_\_\_\_\_

Species:           Cat / Dog

Age/DOB: \_\_\_\_\_

Breed \_\_\_\_\_

Sex \_\_\_\_\_ Desexed Y / N

Weight \_\_\_\_\_

Other relevant details: (eg deaf, aggressive, drug

allergies) \_\_\_\_\_

## Referring Clinic details

Clinic Name \_\_\_\_\_

Referring veterinarian \_\_\_\_\_

Email address \_\_\_\_\_

Phone 1. \_\_\_\_\_

2. \_\_\_\_\_

## Referral Details

Veterinarian referred to: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Brief summary of current clinical condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current medications: \_\_\_\_\_

\_\_\_\_\_

Notes emailed to [admin@thereferralcentre.co.nz](mailto:admin@thereferralcentre.co.nz) Y / N

Images emailed to [admin@thereferralcentre.co.nz](mailto:admin@thereferralcentre.co.nz) Y / N

Diagnostic results emailed to [admin@thereferralcentre.co.nz](mailto:admin@thereferralcentre.co.nz) Y / N