



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 / Exotic / Other

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 Y / N Exotic Pets email to: bay@thereferralcentre.co.nz

Images emailed to admin@thereferralcentre.co.nz Y / N Exotic Pets email to: bay@thereferralcentre.co.nz

Diagnostic results emailed to admin@thereferralcentre.co.nz Y / N Exotic Pets email to: bay@thereferralcentre.co.nz