



Veterinary Referral Centre Hamilton

c/- Hamilton Veterinary Services
421 Te Rapa Road
PO Box 10373
Hamilton
Phone (07) 849 2963
Fax (07) 849 3023
Email hamvet@xtra.co.nz

REFERRAL INFORMATION

Client Details (or attached label below)		Pets Details
Full Name		Name
Address		Species
		Breed
Phone Home ()	Work ()	Age
Mobile	Other ()	Date of Birth
Email		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male Desexed ? <input type="checkbox"/> Y / <input type="checkbox"/> N

REFERRAL VETERINARIAN

Name	Name of Clinic
Address	
Please tick <input type="checkbox"/> to indicate preferred initial communication	
Phone <input type="checkbox"/> Mobile ()	<input type="checkbox"/> Work ()
<input type="checkbox"/> Email	
<input type="checkbox"/> Faxed Report ()	<input type="checkbox"/> Other ()

HISTORY

☐ Summary below ☐ Referral Information Emailed ☐ Referral Information Faxed Pages

CLINICAL FINDINGS

WORKING DIAGNOSIS

CURRENT OR PREVIOUS TREATMENTS/SURGERY

