



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

**REFERRAL INFORMATION**

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

**REFERRAL VETERINARIAN**

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

**HISTORY**

**Summary below**  **Referral Information Emailed**  **Referral Information Faxed** **Pages .....**

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**CLINICAL FINDINGS**

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**WORKING DIAGNOSIS**

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**CURRENT OR PREVIOUS TREATMENTS/SURGERY**

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