

# Referral for specialist care

Homebush  Baulkham

Medicine  Surgery  Ophthalmology  Oncology  Dermatology  Cardiology  Physiotherapy

Dentistry  Exotics  Birds

Specialist (if known): .....

Date: ..... at (appointment time): .....

Pet owner: .....

Patient name: ..... Species: .....

Date of birth: ..... Sex: F/FN/M/MN Breed: .....

Referring Veterinarian: ..... Practice: .....

Address: .....

Postcode: .....

Phone: ..... Fax: .....

Email: .....

## Case summary

Duration of illness, signs observed, lab results, assessment, medical/surgical management and response.  
Please enclose radiographs and copy of lab results.

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## Suggestions and comments by referring veterinarian

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Preferred means of communications:  Phone  Fax  Email  Post

*Payment in full by cash, credit card or EFTPOS or approved personal cheque is required at discharge.  
A deposit of 25-50% of initial estimation is required upon admission.*