



T 0411 686 319 or 0400 110 822
F 02 9489 9294
E enquiries@animalspecialists.com.au
90A Lucinda Ave, Wahroonga NSW 2076

Referral Form (VET TO COMPLETE)

Please complete and sign the referral form below and e-mail or fax a copy back to us immediately. Once we have received this completed form and any relevant radiographs, blood-work, additional history etc., we will contact you to confirm the booking.

Client Details:

Mr/Mrs/Ms/Dr First Name: _____

Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Contact Details:

Phone _____

Mobile _____

Email _____

Patient Details:

Species: Canine / Feline

Patient's Name: _____

Breed: _____

Age: _____ Weight: _____ Sex: M / MN / F / FS

Diagnosis: _____

Date of diagnosis: _____ / _____ / _____



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Relevant History (Medical records can be attached):

Referring Veterinarian

Clinic: _____

Referring Veterinarian's Name: _____

Prescribed Surgery: _____

I have thoroughly examined the patient and have made the diagnosis listed above.

I have offered the owner's consultation with the surgeon which they have accepted / declined.
(Please circle)

Where consultation with the surgeon has been declined, I have discussed relevant treatment options with the owner(s) and have ensured that they are aware of the risks associated with surgical procedures including the prescribed procedure, as well as potential after care responsibilities.

I have recommended that the patient have complete blood counts and biochemistry panels performed to ensure there are no other underlying health conditions.

I agree to release any relevant medical records and imaging associated with the patient's condition to CAS in order for them to perform their service. I acknowledge that if this information is not received by CAS within 48 hours of the tentative booking time listed below that the booking time will be forfeited.

I understand that in unforeseen circumstances, the above booking may need to be rescheduled and have informed the owners of such.

I acknowledge that a Client Consent form will be forwarded to my clinic which will be given to the client to read and sign. I will endeavor to discuss any listed complications with the client. I will ensure that this form is accurately completed and signed prior to the animal undergoing general anaesthesia and surgery. The original signed copy will be handed to the surgeon immediately prior to surgery.

Referring Veterinarian's Signature: _____ Date: _____