

**Brindabella Veterinary Referral Service**  
**Patient Referral Form**

Referring Hospital:

Referring Vet:

Client Name/s:

Client Address:

Client Numbers:

Patient Name:

Breed:

Age:

Reason for referral:

Please attach relevant history or provide case summary below:

Pertinent Anaesthesia/Allergy/Comorbidity History:

Current Medications:

Helpful notes on demeanours:

Expectations of the clients on the day:

What is your preferred method to receive information regarding treatment and case management? We can provide updates via phone, text or email.

*Thank you for trusting us with your clients and their furry family members. We aim to provide a service of surgical excellence and value your feedback on our service.*