

Referral Form

Date:

Owner information

Owner's name:
Address:.....
Phone home:..... Work:.....
Mobile:.....
Email:.....

Patient information

Patient's name:.....
Microchip number:.....
Species:..... Colour:.....
Breed:..... Age:..... Male Female Desexed

Referring Veterinarian

Veterinarian's name:.....
Clinic:.....
Address:.....
Phone: Fax:..... Email:.....
Preferred method of communication: Phone Fax Letter Email

Service requested

.....
Examples: Small Animal Surgery, Internal Medicine, Avian & Exotic Medicine and Surgery, Emergency and Critical Care.
It is **recommended** Referring Clinics contact UQ VETS - Small Animal Hospital on **07 5460 1788** to confirm requests.

Clinical history

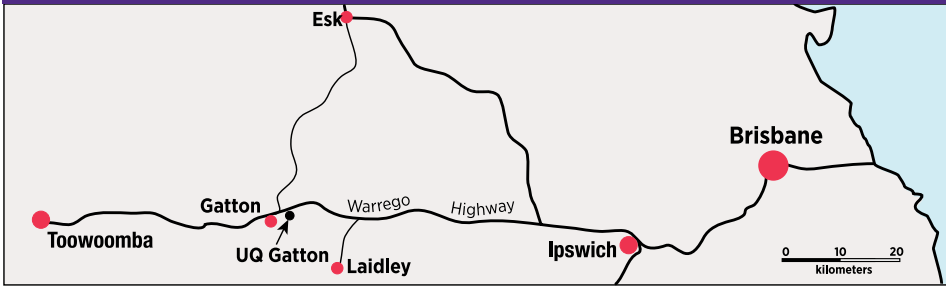
.....
.....
.....

Clinical history attached Pathology results attached Radiographs attached

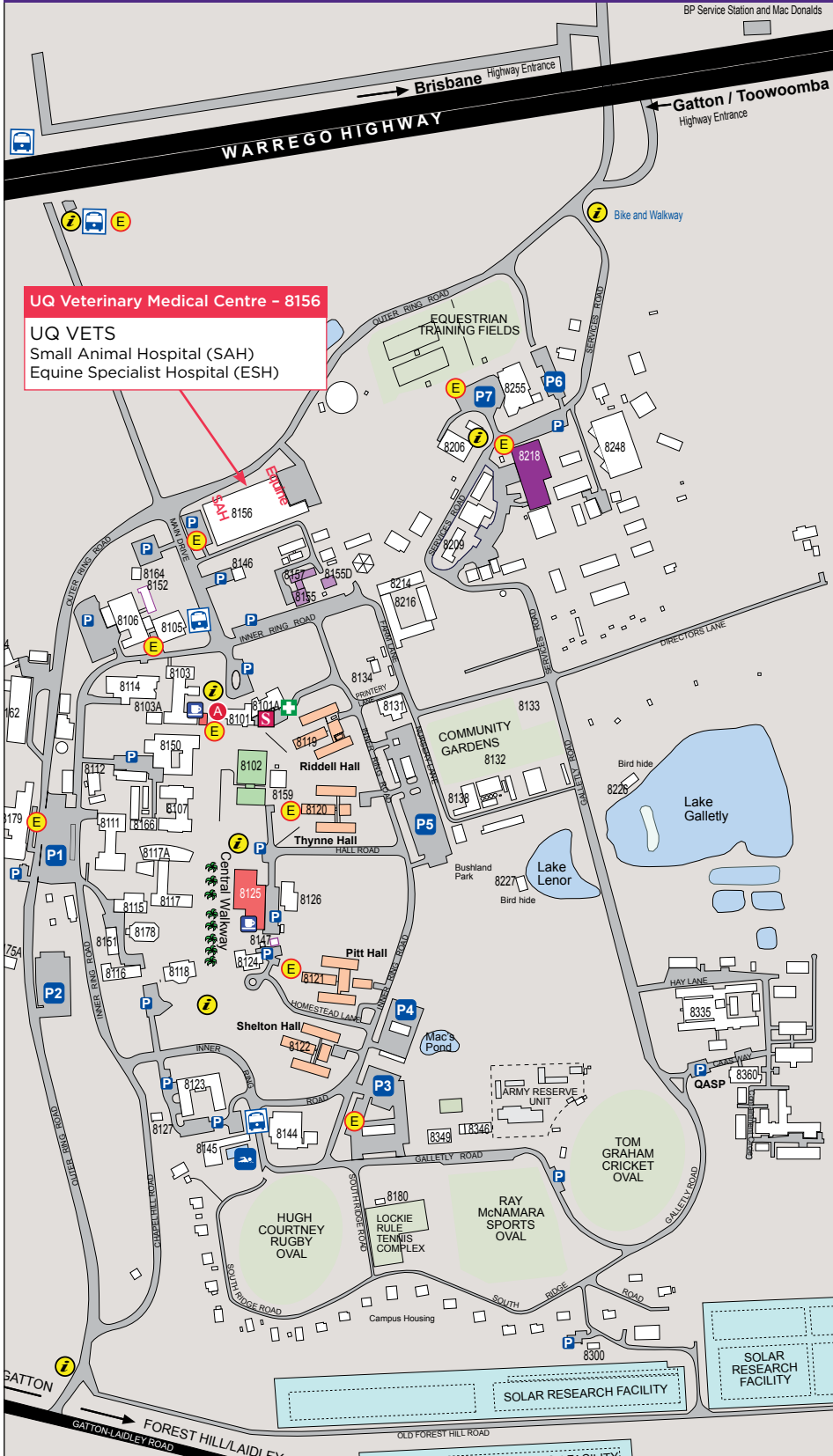
Therapy (including medications) to-date

.....
.....
.....
.....

Directions to UQ Gatton Campus



UQ Gatton Campus Map



UQ Veterinary Medical Centre - 8156
UQ VETS
 Small Animal Hospital (SAH)
 Equine Specialist Hospital (ESH)

Visitor Information

- A** Automatic Teller Machine
- B** Bus Terminal
- C** Childcare & Preschool
- E** Eating Facilities
- E** Emergency Call Points
- H** Health Service
- I** Information Directories
- L** Library
- P** Parking (restrictions apply)
- R** Residential Halls
- S** Stores (Deliveries)
- S** Student Info Centre