

- Dr Neil Gibson** BSc BVMS (hons) DSAS(orth)
- Dr Fiona Haining** BVMS MVM
- Dr Tom Hill** BVSc (hons) MMedVet(surg)



Please tick one of the above if you have a preferred veterinary surgeon.

Date: \_\_\_\_\_ Owner: \_\_\_\_\_  
 Referring Vet: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Address/Practice Stamp (please include fax no.)

Pets Details:

	Name: _____ Breed: _____ Age: _____ Sex: _____
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**Presenting complaint:**

**Brief history of complaint and other relevant conditions (Please enclose copies of lab test and radiographs):**

**Details of any medication the patient will be receiving at time of referral:**

**Radiographs sent with Patient: Y / N**

**Please return films: Y / N**