

Companion Animal Hospital
Referral Request Form

Please complete ALL sections, and email completed form to vethospital@massey.ac.nz
The referral hospital operates during business hours only, with genuine emergency care only outside of this time.

<p>Client details</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Mobile: _____</p> <p>Address: _____ _____</p> <p>Email: _____</p>	<p>Patient details</p> <p>Name: _____</p> <p>Species: _____</p> <p>Breed: _____</p> <p>Age: _____ Sex: _____</p> <p>Pet insurance?: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Other information: _____</p>
<p>Referring veterinarian details</p> <p>Name: _____ Email: _____</p> <p>Clinic: _____</p> <p>Clinic phone: _____ Mobile: _____</p> <p>Preferred contact method: <input checked="" type="radio"/> Clinic phone <input type="radio"/> Email</p>	
<p>Referral service required</p> <p> <input checked="" type="radio"/> Emergency and Critical Care <input type="radio"/> Normal business hours <input type="radio"/> Pet Emergency Centre after-hours <input type="radio"/> Surgery <input type="radio"/> Surgical Oncology <input type="radio"/> I131 / Strontium treatment <input type="radio"/> Advanced Dentistry* <input type="radio"/> Cardiology* <input type="radio"/> Dermatology* </p> <p><i>*Limited service, available on specific days/times only, provided by contracted referral services.</i></p> <p> <input type="radio"/> Phone consultation (fee applies): <input type="radio"/> Definite referral (Massey Vets will contact client directly to book): <input type="radio"/> Urgent* <input type="radio"/> Estimate required prior to confirmation (Massey Vets will contact referring veterinary clinic with this information) </p> <p><i>*For urgent cases we will respond as soon as possible, we thank you for your patience.</i></p> <p><i>*Phone consultations may be available on certain days/times only. We will phone to advise if this is the case.</i></p>	
<p>Case details</p> <p>Please provide <u>all</u> the following information if applicable. This is required prior to the referral request being processed:</p> <p> <input type="radio"/> Lab results <input type="radio"/> Radiographs <input type="radio"/> Medication history <input type="radio"/> Concise summary of case history <input type="radio"/> Full clinical records </p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	