MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
MASSEY VETS EQUINE

Private Bag 11 222
Palmerston North 4442

Ph: (06) 350 5328
Fax: (06) 350 5747

CT EQUINE REFERRAL

☐ HEAD
☐ LIMB* ☐ FORE ☐ HIND
☐ CONTRAST

☐ OTHER
☐ URGENT

DATE: _____

REFERRING VETERINARIAN: _____

PRACTICE NAME: _____

Address: _____

_____

Do you need to be consulted again before treatment at Massey? ☐ NO ☐ YES

* All our limb CTs will be BILATERAL.

Phone: _____ Fax: _____

Email: _____

Best time to reach me by phone: _____

OWNER'S DETAILS - IS THE ANIMAL SYNDICATE – OWNED? ☐ NO ☐ YES

(If syndicate-owned, ONE owner's details must be listed)

Full Name: _____

Residential Address: _____

_____

Postal Address (if different from above): _____

_____

Home Phone: _____ Work Phone: _____

Mobile: _____ Fax: _____

Email: _____

TRAINER'S DETAILS

Name: _____

Address: _____

_____

Home Phone: _____ Work Phone: _____

Mobile: _____ Fax: _____

Email: _____

PRIMARY CONTACT

Who will be primary contact for client communication? ☐ Owner ☐ Trainer

If "Other" please specify: _____

PATIENT DETAILS

Name: _____

Breed: _____

Colour: _____ Brand: _____

Age: _____ Sex: _____

TRANSPORT DETAILS

Method of Transport: _____

Transport Company: _____

Contact Phone Number:

_____

E.T.A: known ☐ NO ☐ YES Time:

HISTORY & YOUR FINDINGS:

TREATMENT & RESPONSE:

REMARKS AND/OR OTHER SERVICES REQUIRED:

Invoice to go: ☐ Practice ☐ Other _____

Diagnostic images attached? ☐ NO ☐ YES

Vaccinated against Tetanus? ☐ NO ☐ YES

PLEASE EMAIL THIS FORM AND ANY DIAGNOSTIC IMAGES PRIOR TO THE APPOINTMENT DATE TO:
equinevets@massey.ac.nz

Replacement forms can be downloaded from our website: www.equinehospital.co.nz

Office use only:

Phoned: _____ Date & Time of Appointment: _____

Approximate Cost: _____ ☐ Confirmed By: _____ ☐ On Computer