

**Companion Animal Hospital**  
**Referral Request Form**

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

<p><b>Client details</b></p> <p>Name: _____</p> <p>Phone: _____</p> <p>Mobile: _____</p> <p>Address: _____ _____</p> <p>Email: _____</p>	<p><b>Patient details</b></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><b>Referring veterinarian details</b></p> <p>Name: _____ Email: _____</p> <p>Clinic: _____</p> <p>Clinic phone: _____ Mobile: _____</p> <p>Preferred contact method:      →      <input type="radio"/> Clinic phone      <input type="radio"/> Email</p>	
<p><b>Service required</b></p> <p><input type="radio"/> Surgery      <input type="radio"/> Surgical Oncology      <input type="radio"/> I131 / Strontium treatment</p> <p><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"/> Pet Emergency**</p> <p><i>See next page information on Pet Emergency cases</i></p>
<p><input type="radio"/> Phone consultation (<i>*Phone consultations may be available on certain days/times only; fee applies</i>):</p> <p><input type="radio"/> Definite referral (If non-urgent, the referral service will contact for appt info):</p> <p><input type="radio"/> Urgent (may need to come in through Pet Emergency until referral service can advise further)**</p> <p><input type="radio"/> Estimate required prior to confirmation (Massey Vets will contact referring veterinary clinic with this info)</p>	
<p><b>Case details- Summary required below</b></p> <p>Please provide <u>all</u> the following information. 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>	

## ONLY COMPLETE IF SELECTING PET EMERGENCY SERVICE

\*\*To send your patient to MUPEC for care, please complete the form, send any relevant history to [vethospital@massey.ac.nz](mailto:vethospital@massey.ac.nz) (between 8am and 5:30pm) or [mupec@lists.massey.ac.nz](mailto:mupec@lists.massey.ac.nz) (outside the hours of 8am-5:30pm and public holidays) and call to discuss the case prior to sending the patient and client to MUPEC. All cases will have a consultation with the veterinarian on duty prior to hospital admission. Costs will be discussed with the client during this consultation. Clients are responsible for collection of patients for return back to the regular veterinarian **between 9-10am** and are also **responsible for scheduling the return appointment with their regular veterinarian.**

Reason for hospitalisation:

Patient's Approximate Arrival Time: \_\_\_\_\_ Date/Time for Discharge: \_\_\_\_\_

Do you wish to be contacted prior to discharge with an up-date? Yes / No

(If you circle no then an update will be sent with the client back to your practice)

Best Contact time:

Best Contact Number:

**Do you wish to be consulted after hours if a change in a patient's treatment plan is required due to deterioration in the patient's health? Yes / No**

**Contact owner: Yes / No**

**Best Contact Time:**

**Best Contact Number:**

### TERMS AND CONDITIONS:

\*Unless prior arrangements have been made, patients will be transferred back to the care of the regular veterinarian between 9-10am the following morning

\*Please contact Massey Vets PRIOR to sending the patient and BEFORE advising that Massey Vets will accept the consultation

\*Please send all medical records and information PRIOR to sending the patient and client

\*The regular veterinarian must judge that the patient is stable for transfer PRIOR to sending the patient; all arrangements for transfer to and from Massey Vets must be made in consultation with the regular veterinarian and client.

\*Massey Vets (MUPEC) will dispense and invoice all medications and consumables not provided by the regular veterinarian.

\*The client is responsible for a 50% deposit (of the estimate) at the time of admission and for paying for the remainder of the costs invoiced at time of discharge, unless prior arrangements have been made for other methods of payment.

\*In the event that a patient deteriorates whilst in the care of the Massey Vets and MUPEC, the veterinarian on duty reserves the right to contact the owner directly and recommend additional treatment as necessary.

I understand these terms and conditions, signed \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*PLEASE SEND ALL RECORDS PERTINENT TO THIS ADMISSION INCLUDING DIAGNOSTICS (BLOODWORK, IMAGING, ETC) AND TREATMENT (CURRENT MEDICATIONS INCLUDING FLUIDS WITH DOSES AND TIMES GIVEN AND SCHEDULED) FOR THIS PATIENT.\*\***