

Veterinary referral report

To refer a patient to another clinic, a hospital or a specialist.

REFERRING CLINIC

Clinic		Referring vet
Registration no.	Phone	Email

REFERRED TO

Clinic or hospital		Specialist or service
Phone	Email	

REFERRAL

Referral date	Urgency ☐ Routine ☐ Priority ☐ Urgent
Request ☐ Assessment and return of the case ☐ Diagnostic test ☐ Surgery ☐ Hospitalisation ☐ Take over the case	

PATIENT AND OWNER

Patient		Species	Breed
Sex ☐ Male ☐ Female	Neutered/spayed ☐ Yes ☐ No	Age or date of birth	Weight (kg)
Microchip	Owner		Owner's phone

REASON FOR REFERRAL

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SPECIFIC CLINICAL QUESTION *What you need the receiving vet to assess or answer.*

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BRIEF HISTORY *Onset and progression of the problem, relevant history and previous conditions.*

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VETERINARY REFERRAL REPORT

Patient	Referring clinic	Date
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EXAMINATION AND RELEVANT FINDINGS

TESTS DONE AND ATTACHMENTS

Tick the tests done and the ones you attach.

Done	Test	Date	Relevant result	Attached
☐	Haematology (CBC)			☐
☐	Biochemistry			☐
☐	Urinalysis			☐
☐	Radiography			☐
☐	Ultrasound			☐
☐	Cytology or biopsy			☐
☐	ECG or echocardiography			☐
☐	Other:			☐

TREATMENT GIVEN AND RESPONSE

Drug or treatment	Dose and route	From	To	Response

CURRENT MEDICATION

Drug	Dose	Route	Frequency	Last dose

Known allergies or adverse reactions

OWNER CONSENT

I authorise the referring clinic to share my contact details and my animal's clinical information with the clinic or specialist named in this report, so that they can assess and treat my animal.

Full name	ID or passport no.	Date	Signature
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REFERRING VET

Name	Registration no.	Signature and stamp
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